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Published by Lee S. Smith & Son
O.K. CO. INC. N.Y.

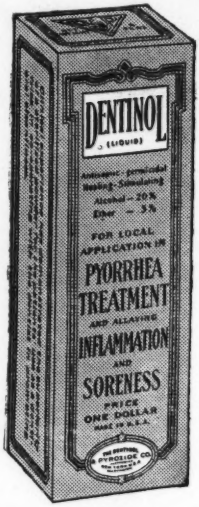
"It's the most effective healing agent I've ever used"

The above statement is practically the unanimous verdict of dentists experienced in the use of

DENTINOL

for

Treating Pus Pockets
Reducing Soreness after Extraction
Allaying Gum Inflammation
Promoting Gum Firmness



Preventing Soreness after Prophylactic Treatment and for general use as a Non-Toxic Germicidal Healing Agent

Our Guarantee

Order a dollar bottle of *Dentinol* from your dental depot. If its use fails to convince you of its exceptional effectiveness for the purposes listed, the charge will be cancelled.

Sold By

All Dental Depots

A Suggestion

Dip the tip of the scaler in Dentinol during scaling of the teeth. It materially lessens the soreness usually experienced.

The Dentinol & Pyrozide Co.

Incorporated

Sole Distributors

1480 Broadway New York City

AKERS IMPRESSION TRAYS

SOLVITE IMPRESSION MATERIAL

SOLVITE SEPARATING FLUID

LOHEET NUMBER ONE

LOHEET NUMBER TWO

RADIAL WAX ELIMINATOR

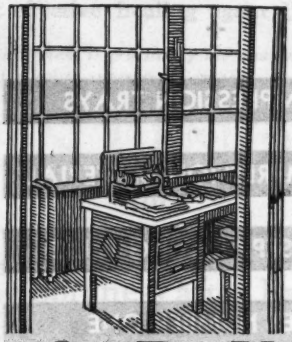
SOLVITE DRYING OVEN

HIHEET NUMBER ONE

HIHEET NUMBER TWO

HIHEET NUMBER THREE

BUY THROUGH YOUR NEAREST
CERTIFIED COE DEALER



THE
Publisher's
No. 97

CORNER

By Mass

THE overture this month will be rendered by Harold Stevens, managing editor of *Medical Economics*—permitting me to retire to the cool cellar beneath the stage for the extent of a page or so this sticky afternoon:

"I remember [he writes] you once said something in the CORNER about reading proof while riding a bicycle, citing this as an indication of your eccentricity. This is really not so eccentric at that but was a very popular sport in Middlesex County, Massachusetts, between the years 1890 and 1900.

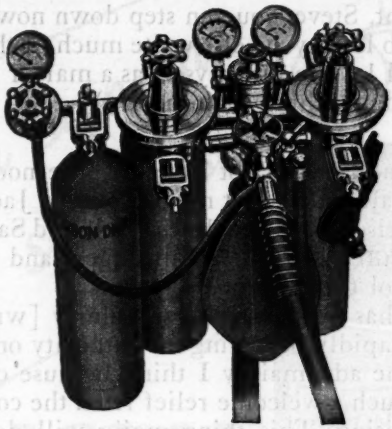
"My grandfather was known as one of the best bicycle proofreaders in that section but the dear old gentleman met his end one day while riding down a hill near the Charles River.

"He became stuck on the word *pusillanimous,* forgetting whether it was spelled with one l or two. Taking his hands from the handle-bars momentarily to look in his pocket dictionary, he became confused and rode off the end of a dock into the Charles River.

"His tandem (his secretary used to ride with him) stands now in my attic and if I ever have the chance

HEIDBRINK

Carbon Dioxid Attachment



. . . provides the means

for using Carbon Dioxid safely and profitably. Administered in limited quantity with Nitrous Oxid-Oxygen, it produces full rythmic breathing, helps seat the narcosis, promotes economy and makes for greater safety.

The Heidbrink Carbon-Dioxid Attachment should be used as it delivers the carbon-dioxid only when and as desired. Positively simple to operate, and fits any Heidbrink. *A free catalog on your request.*

MAVES BLUE INLAY WAX

New and better formula—Sticks and Cones
A fine wax—worth trying. 50c and $1.00

The HEIDBRINK COMPANY
Minneapolis Minnesota U.S.A.

I will show it to you. It has always been my ambition to get out an issue of *Medical Economics* on my grandfather's tandem but the coaster-brake never seems to work."

All right, Steve, you can step down now. (I never can bear to let anyone else write much of the CORNER although I love to rate myself as a martyr for having to do the damn thing each month.)

Still, since it is so hot here this afternoon perhaps it will be all right to let my old buddy, Jack Hey, of San Francisco, do a few lines. Jack, and Sam Stanley, ORAL HYGIENE'S Eastern manager, and I went to high school together in California.

"O.H. has been arriving regularly [writes Jack] and I'm rapidly becoming an authority on dentistry. I enjoy the ads, mainly I think because collectively they are such a welcome relief from the common run of advertising. This thingamajig will do thus and so because it is made of such such and such and has this jigger set at an angle of exactly so many degrees —instead of 'Mrs. Franklyn K. Vanderbilt smokes these exclusively at all her fashionable dog-fights, so why don't you?' "

Perhaps Jack's reaction to the advertising is similar to that of dentist readers of O.H. because so many volunteer the assertion that they never miss a page in ORAL HYGIENE'S thick advertising section.

"Great guns! Nobody goes through all that advertising, do they?" says more than one lay friend of mine.

They forget that each page deals with things of special interest to dentists in their daily work and that a great deal of the advertising in dental papers is equally as interesting and instructive as the text.

Jack mentions the cigarette testimonial advertising and I pause to blush because it appeared in O.H.

The non-narcotic now used in place of opiates

For pain and sleeplessness

ALLONAL

SAFE :: QUICK :: EFFECTIVE

TO prevent the unnerving effect of pain, administer Allonal a half hour before the appointment, and Allonal again after the patient leaves the chair.

For allaying nervousness, apprehension and restlessness, for toothache and neuralgia, or for a smoother anesthesia, Allonal is now the most widely prescribed non-narcotic.

And where pain causes insomnia Allonal gives a fine night's rest. The patient awakens with a clear head, mentally refreshed.

DOSAGE:

For Nervousness:
1 to 2 tablets a day

For Pain:
2 tablets are usually sufficient

For Sleep:
1 to 2 tablets upon retiring

**A trial supply sent to dentists on request.*

HOFFMANN-LaROCHE, Inc.

Makers of Medicines of Rare Quality

NUTLEY, NEW JERSEY

for several months. We got some right sharp letters from readers about it too but I couldn't see that dentists' morals were at stake or anybody else's for that matter because I never could see that smoking was an immoral proposition any more than that a predilection for shad-roe is immoral. Intemperate use of either tobacco or food tickets one for the toboggan.

One reader wrote at great length to upbraid us for our "violation of the ethical code" in printing the cigarette advertisements, then mentioned that it wasn't any foolish notions about advertising that prompted his objection. "For," he said, "I believe in advertising and have decided that the profession's code of ethics is all wrong and I am advertising my dental practice liberally in the local papers. Ethics, however, in my estimation, prohibits the printing of cigarette ads in dental magazines."

His real reason, he explained, was because that afternoon he had observed a little schoolgirl smoking a cigarette as she passed his office. Perhaps he figured that she also was practicing dentistry and had been influenced by a cigarette page in ORAL HYGIENE.

A few months ago we declined to print more of this advertising purely because we got tired of reading it ourselves, finding it more and more difficult to believe the comments of the celebrities quoted.

Speaking of advertising (the CORNER seems to be advertising-conscious this afternoon), perhaps few readers realize, as they take time to answer ORAL HYGIENE advertisements, how many others are similarly engaged at the same time.

Johnson & Johnson, you may remember, ran sanitary headrest cover advertisements in two issues a while ago. Dr. Dailey, head of the J. & J. dental division, wrote us that O.H. and eight other dental papers were used and that 2,026 dentists had re-

Will

Pyorrhea Patients Cooperate?

Rixo Gum Answers Yes . . .

A dentist of long experience in treating pyorrhea said sometime back:

"Patients will cooperate between chair treatments when a convenient and agreeable technique is discovered."

RIXO (S R 2 + %) is that technique. It is a 2 plus per cent application of Sodium Ricinoleate—the generally recognized oral detoxicant—in an effective, harmless gum compound. It is so convenient that patients carry it with them wherever they go. And so pleasant they forget it is a medicament and prefer it to ordinary chewing gum.

Dentists now using RIXO Gum in daily practice report 100 per cent cooperation from patients. They testify to marked improvement in mouth conditions, greatly shortening the period of chair treatments. They have found RIXO a beneficial cooperative in treating pyorrhea, Vincent's Angina and other mouth infections. Realizing its merits as a detoxicant, they recommend it to all patients and use it themselves as a preventive against diseases of the oral cavity. So much for the experience of other dentists. . . .

We invite you to make your own clinical test of RIXO GUM and to compare your results with those obtained by other dentists. For your convenience we have especially prepared a free clinical sample sufficient for a ten-day test. Full directions come with each package. Simply mail the coupon.

THE RIXO COMPANY

919 North Michigan Avenue Chicago, Illinois

THE RIXO COMPANY,
919 N. Michigan Ave.,
Chicago, Ill.

Kindly send me, without obligation, a clinical package of Rixo.

Dr._____

Address_____

sponded—of which number some 1,261 answered the ORAL HYGIENE ads.

On a table out in the office is a bunch of the original enquiries received by the Interstate people when they had run a couple of half pages for their Odontocream. They sent them to us so we could see for ourselves.

The envelopes make a stack about three feet tall and we want to photograph them, but every time I stack them up and get all ready the stack trembles and then collapses. That makes you pretty frantic.

Before putting up the shutters, let me express thanks for encouraging comments from Harold Hunt, London, of the Kolynos British staff, Dr. Newton G. Thomas, of Chicago, Dr. Charlie Weinrich of Hammond, Louisiana, who became a CORNER-customer while practicing in South America, Dr. Franz Buerger of Los Angeles, Mr. Luis Hermanny of Rio de Janeiro, Brazil, Dr. Charlie Long of Rock Island, Illinois, and Dr. Alec Richardson of Dubbo, Australia.

This is a choppy CORNER this time but it can't be helped. What goes into each CORNER is what happens to be in my head at the time and not infrequently the old cupboard is bare.

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August 1929

Editorial Office: 514 Hollywood Security Bldg., Los Angeles, California. Rea Proctor McGee, D.D.S., M.D., Editor.

Publication Office: 1117 Wolfendale St., N. S., Pittsburgh, Pennsylvania. Merwin B. Massol, Publisher; Lynn A. Smith, Treasurer; T. N. Christian, D.D.S., Assistant Publisher.

District Advertising Offices: Chicago—W. B. Conant, Peoples Gas Bldg.; New York—Stuart M. Stanley, 62 West 45th Street; St. Louis—A. D. McKinney, Syndicate Trust Bldg.; San Francisco—Roger A. Johnstone, 155 Montgomery Street.

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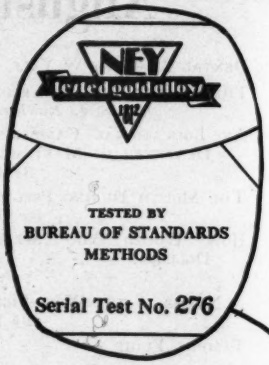
Your Dealer Sells Ney Golds

For YOUR Information and Protection



EVERY batch of NEY-ORO gold is tested before being released for sale. The test number of every batch sold is stamped on the back of each envelope, enabling us to identify every nugget we produce. Instruct your laboratory to mark the NEY-ORO test numbers on every bill, and file with your patient's record. In case of complaint by the patient you can eliminate gold as the source of trouble and definitely locate the real responsibility. We are the ONLY gold manufacturer controlling daily production by authentic tests.

THE J. M. NEY COMPANY

71 Elm Street HARTFORD

55 E. Washington St. CHICAGO

ORAL HYGIENE

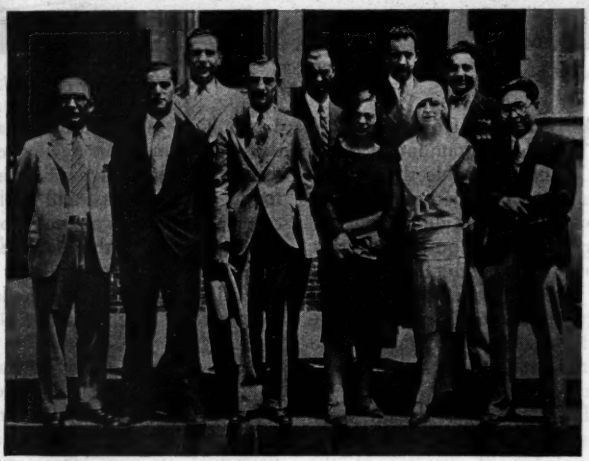
Registered in U.S. Patent Office—Registered Trade Mark, Great Britain

A JOURNAL FOR DENTISTS

Nineteenth Year

AUGUST 1929

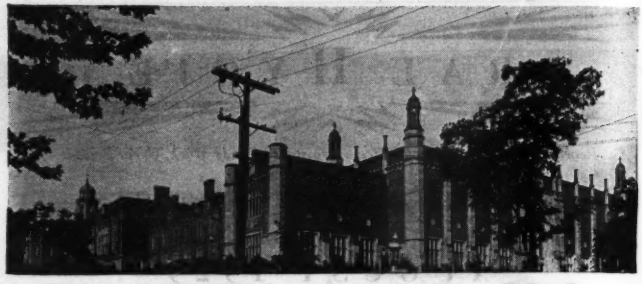
Volume 19, Number 8



Wide World.

Foreign students at the University of Pennsylvania Dental School

Photo shows, left to right, front row, Louis H. Colon, Porto Rico; Jose Toeldo, Brazil; Odolfo Colella, Italy; Miss A. V. Barkas, Russia, Miss A. A. Kirschauer, Germany; H. Ozumi, Japan. Back row, Paul Cauas, Venezuela; Frederick Stewart, Scotland; L. Fittery, Switzerland, and N. Bery, India.



Dental Research at Yale

Ewing Galloway, N. Y. *Sterling Chemistry Laboratory.*

A GRANT from the Rockefeller Foundation has made possible the formation of an oral pathology study group at the Yale School of Medicine. The purpose of this group is to conduct fundamental research in anatomy, pathology, physiology, immunology, and bacteriology bearing on the teeth and their relation to health in general.

During the past decade progress has been made in the knowledge of diseases of the teeth as sources of damage to the body and as fundamental factors in the production of both acute and chronic diseases. Instances of alleviation of acute and chronic diseases of the joints, of the cardiovascular mechanism, of the kidneys, and of the eyes by extraction of teeth are many. On the other hand, unfortunately, there are no basic studies available to indicate in a fairly positive way the significance of devitalized teeth, of the bacterial flora found at their roots, and of the rarefaction of the osseous processes which form the tooth bed. It is therefore proposed that a careful study be made in order to ascertain such modal base lines.

It is believed that the Yale School is particularly well adapted for this fundamental investigation by virtue of its personnel, its new laboratories, and its hospital facilities. There are at present 400 beds in the New Haven Hospital, with which the School is affiliated, and there are annually between three and four hundred post mortems.

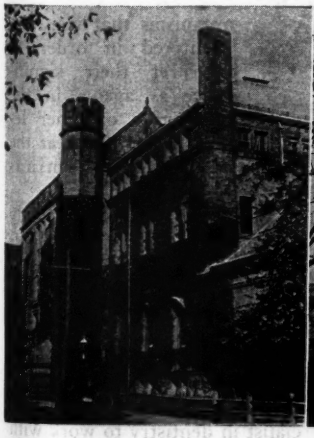
To begin with, it is planned to undertake a study of the bacterial flora of the mouths of patients in the hospital, especially those seriously ill, in or-

der to ascertain the relationship between the bacteria of the mouth and those found at the teeth roots, and their possible association with other changes in the teeth. A study of the bacterial flora of the mouth would be supplemented by a study of the bacteria in acute and chronic diseases, so that any possible inter-relationship between the flora at the tooth root and those of the body in general could be ascertained.

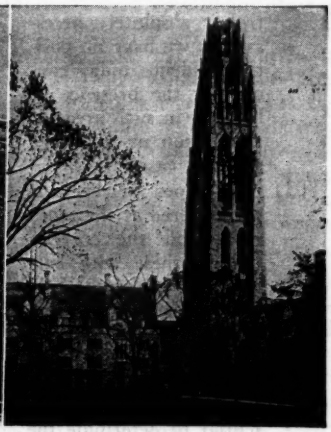
All of this work could be preliminary to a much more detailed study of the teeth in fatal cases. X-ray studies of the alveolar processes of the jaw, taken post-mortem, would be controlled by a sufficient number of similar plates taken during life. With aseptic technique, the teeth would then be extracted and studies both histologically and bacteriologically. In this way data would be obtained concerning:

(1) The existence of bacteria at the roots of the teeth without obvious clinical or x-ray signs. It is believed possible that bacteria may reach the tooth roots in other ways than through the root canals of the tooth, especially in general infections which may or may not be fatal, and that such bacteria, having once located at the tooth root, might continue to activate these foci of infection.

(2) The significance of rarefaction of the alveolar process from the standpoint of viable bacteria in the same area. It is believed that such con-



Medical Library.



Harkness Tower.

Ewing Galloway, N. Y.

Sterling Hall of Medicine.

trol is absolutely necessary as we have no positive evidence today concerning the presence of bacteria in such areas of rarefaction in any large series of cases.

(3) The types of bacteria encountered at the tooth roots and the correlation of these with bacterial flora elsewhere in the organism. Here again it is well known that the pathogenicity of bacteria is quite variable and it would be essential to determine the virulence of the specific organisms that were encountered in order to interpret their significance as agents in the production of other lesions encountered at the post-mortem examination.

The oral pathology study group will be made up of specialists in surgery, medicine, radiology, bacteriology, and pathology, selected from the staff of the Yale School of Medicine. Dr. W. G. Downs, Jr., of the University of Pennsylvania, has been selected as the medical specialist in dentistry to work with this group. The training of

young men who will specialize in the study of the teeth is also a part of the plan. These men will not be "dentists" in the present sense of the word but will have a general training in medicine and a particular interest in the relation of the teeth to general health. Their position in medicine will be comparable to that of specialists in diseases of the heart, of the nerves, or of the respiratory system. The intention is to admit to the School of Medicine recent graduates or senior students from dental schools. These students will not be asked to repeat work with which they are already familiar, but they will be encouraged to obtain a sound education in the fundamentals of medicine and to devote as much time as possible to problems under investigation by the oral pathology study group.

No interference with the present procedure of training dentists is contemplated. The purpose is rather to incorporate interpretive dental medicine into the training of the general physician and to create in medicine a group of men with detailed knowledge of the teeth and their associated structures. Such a development it is hoped will serve as a liaison between medicine and dentistry and will ultimately greatly enrich the knowledge available in both fields.

Opera and Free Dentistry

Upon the walls of a small theatre, a very astonishing placard recently made its appearance. The inhabitants of the quarter were, to their bewilderment and delight, informed that each purchaser of a ticket for the performance of "Mignon" would receive "free dentistry." Further details announced that a balcony ticket entitled the holder to examination of the mouth, and that all who had paid for a stall might submit to painless extraction. Provision was even made for the lengthy operation of filling teeth, every open-handed musical enthusiast, who rose to the expense of a box, having the right, as the French expression puts it, to the necessary dental treatment. Each ticket was quickly sold, and the audience wondered at such unheard of generosity.

Those who enjoyed a really admirable performance of "Mignon" are still wondering. But not your scribe, for he has learned that a dentist owns the theatre.

—George Cecil, *Paris*.

This might enable the music lovers to cope with a Filet-Mignon.—R.P.M.

The Dentist and His Credits

By R. J. Rinehart, D. D. S., F. A. C. D.

Dean of Kansas City-Western Dental College
School of Dentistry
Lincoln and Lee University

I HAVE been informed that a credit man, making a speech to a group of 250 merchants, asked them how many desired open accounts with dentists, and that only seven indicated that such accounts were welcome. If this question had been—"How many of you desire the services of a dentist?" I am quite sure that there would have been 250 hands raised, regardless of the fact that it meant a more or less painful ordeal; for every man, woman and child needs dentistry several times during every year of their lives if they are to be protected from many of the insidious diseases that infest the entire human system and which are directly attributed to the lack of proper care and treatment of the mouth. A single tooth, although it may be giving no trouble whatsoever to the individual and may seem to be entirely normal so far as the patient is concerned, may have an active abscess upon the end of the root, doing its damage day and night. There is no service to humanity that requires more skill or a better developed mind.

Perhaps it would be interesting for some of you to know that a young man cannot enter the dental college unless he has a high school education and has had one year of college work. After this, he must spend four years of his life in preparation. When he has graduated from the college and has his diploma he cannot yet practice until the State Dental Board has examined him and found him to be proficient. I now ask you the question, "How important is the dentist to the community and what do you owe the dentist?" As credit men and women, you at least owe him your co-operation.

In considering the question "Why does the credit bureau regard accounts with dentists as unprofitable?" I am told that it was not because they do not collect from dentists—eventually—because there are fewer deadbeats in the medical and dental professions than in any other business or trade, for records show that there is an eventual loss of only one-fourth of one per cent.

For a better understanding of this apparent delinquency, it is necessary to consider the source from which the dentist derives his income. Let us take some specific examples of the

experiences of the average dentist.

A man and his wife came into the office of a dentist in Kansas City and received and paid for dental services for the lady to the amount of $15. This prompt payment led the dentist to consider the family as good pay and when some time later, the man returned and contracted for $250 worth of work, nothing was said about terms. This bill was never paid and upon investigation, four years later, it was found that there were seventeen judgments against him. Had this account been paid the dentist's creditors would have participated in his income and if the work had not been done—as a result of a credit investigation—the materials for which the dentist owed, as well as his other expenses, would have been saved.

Recently, I heard of the experience of a well-known diagnostician in Kansas City. He was visited by a very poorly dressed man who requested a diagnosis of the case. The physician, being a generous sort of fellow and interested in all humanity, took the patient in and called another physician for consultation. It was then decided that an operation was necessary. The man did not pass as a pauper, but merely as a poor man, and therefore a very moderate fee was charged. Five days later, in one of our best hospitals, the man burst out laughing and when asked the reason by his nurse, he said, "I'm just laughing about the way I fooled your doctors. My doctor told me that this operation would cost me five thousand dollars—I am getting it done for $400." It was later learned that this man was worth four million dollars. A membership in the credit association would have been worth much to these physicians.

Hundreds of such stories could be told, all showing just why it is that the accounts of physicians and dentists are sometimes considered rather unprofitable. The services of physicians and dentists are usually solicited only when people are in dire need and seldom are they asked to pay in advance, what their salary is, where their checking accounts are, nor is their credit standing looked up. The physician or dentist merely steps in where he is needed, renders his services willingly and proficiently and *trusts* the patients to pay promptly. Intentions are good; but when the emergency is over, the physician or dentist is forgotten and for these reasons there are those who continue to receive notices of past due accounts and to be rated as "poor pay." Of course there are many professional men who are not included in this classification.

As an executive of a school of dentistry, I am prone to feel that the business side of the dentist's education has been much neglected in the past. Dental schools and dental associations have been so persistent

in the development of dentistry as a science that they have depended almost wholly upon the natural business talents of the young man to propel him in the practice of his profession rather than organizing for him additional courses in business principles. This condition, however, is now being remedied. Schools are inaugurating courses in dental economics; the young men are now being well informed regarding business ideas, including bookkeeping, credits, and investments. Teachers of this particular branch are appearing before the various dental societies and are holding classes to which the practitioners come and receive instructions. These classes include a checking of dental business methods, and in fact, the installing of a complete system or plan of operation. As a result of this kind of schooling, I will tell you of the experience of a friend of mine.

A richly dressed woman recently came into his office and requested some dental work. She was informed that he did not have an open hour for her that day, but was given an appointment for the following day. Before the time for the appointment arrived, he was able to look up her credit through the channels of the Credit Bureau and found that she was listed as absolutely "no good." With this knowledge, he was able to collect his fee by stipulating a down payment of $50 and additional payments as the work progressed. In this way, when the work was completed, he was *not* left with a "big bill and nothing down" to misquote a well known slogan.

Proceeding from the outset to ascertain the credit standing of a patient is far more practical than handing over a long list of bills to a collection agency which often is not responsible, for if it does collect and make settlement with dentists, the agency usually retains 50 per cent of the account.

Many dentists have learned by bitter experience to employ the plan of collecting after each appointment in order to pay their own bills; but this method in turn works a hardship on those patients whose credit is good and who are entitled to consideration in this matter; so a membership in the credit association would be of value to the dentist as well as to the merchant and would help to remove the stigma of "slow pay" from the profession as a whole.

It has been the professions which have been the prey of deadbeats and blue-sky artists and one of the contributing causes is the lack of contact with those business agencies which could assist them. There are approximately 1700 physicians in Kansas City and only 125 are members of the credit association. Only two or three per cent of the dentists in the United States are now using this service and only 25 of the 500 in Kansas City are profiting by it.

Dentistry is necessary to the

life, health, and happiness of every individual; but so far, for various reasons, the credit men of large concerns have indicated that they can do very little for dentists. This should not be. A feeling of co-operation should exist between the credit association and the dentist, for the thing which will help the dentist, will help the merchant; the thing which will help both the dentist and the merchant will help the city and so on. The lack of confidence is the greatest difficulty in business. We are hearing it said, these days, that there is something wrong with business and to my mind this lack of confidence is one of the contributing causes. Each group of individuals plays an important part in the affairs of the nation and this paramount fact should not and cannot be overlooked. We must work and live with these words of the poet in mind:

It ain't the guns nor armament
  Nor the funds that they can pay;
It's the close co-operation
  That makes them win the day.

It ain't the individual
  Nor the army as a whole;
But the everlastin' team work
  Of every bloomin' soul.

Resolution on Death of Dr. Robin Adair

"We live in deeds, not years;
In thoughts, not breaths;
In feelings, not in figures on a dial."

Whereas, God in His infinite wisdom has removed from our midst our esteemed founder, Dr. Robin Adair, be it

Resolved, That we the students of the Robin Adair School of Oral Hygiene, while deeply deploring the passing away of our beloved President and Dean, pledge ourselves to carry on the work he so nobly began:

Resolved, That we hold ever before our student body the high ideals, devotion to duty and loyalty to the profession that won for our President respect, honor and admiration; Be it further

Resolved, That a copy of these resolutions be spread upon our minutes and copies sent to the beloved father and family of Dr. Robin Adair.

CORNELIA PROCTOR, President

June Barrett
Edna Bolt
Clara Dalton
Eloise Franks
Frances Gleaton
Louise Hall
Cecil Hardy
Naomi Horwitz
Elizabeth Latimer
Klonia Nabors
Amelia Robinson
Lucille Stewart
Sarah Tinsley
Almyra Walker

An Educational Campaign in Manitoba

By W. W. Wright, D.

AN educational campaign for preventive dentistry has just been officially closed (April 2d, 1929) by a large banquet in the Royal Alexandra Hotel, Winnipeg. The campaign was a success from the viewpoint of the people, the dentists and the government. From the standpoint of the people, because they accepted the dictum that the campaign was a duty being done by the dentists for the good of the people. At no time were the dentists accused of an ulterior motive. This was satisfactory to the dentists. Then too, the provincial government realized an opportunity to do a good thing for the people and more than assisted — they gave leadership. This happy condition was not due to accident but to the manner in which the campaign was planned and the Canadian Dental Hygiene Council who sponsored it.

THE PAST

Before I tell you of the actual work done since last October, it would be well to briefly state the history of hygiene and educational efforts in our province. It has been an uphill fight. Some nine years ago three agitators were constituted an educational committee (to keep them quiet) the writer being the chairman. They managed to get some free material published on the inside of some country papers and minor journals but their plea for funds to do some real work, met with scant moral support, and no financial support from the annual meeting of the provincial association. Many were opposed to using the press in any form on ethical grounds. The fact was that the dentists themselves needed to be "educated" before there was any possibility of doing much for the public. By discussions, by heated arguments, by circular letters, and through articles in dental journals telling what was being done in certain progressive quarters, the tide gradually turned. An enlarged educational committee came into being, new converts were enlisted who became enthusiasts, and three years ago the annual meeting of the Manitoba Dental Association actually recommended their Board of Directors to place $1,000.00 at the disposal of the educational committee. The annual dues were raised from $5.00 to $10.00 to make this fund available yearly. The committee did things, the profession was not disgraced in the doing, and more doubting Thomases lost their doubts. For

r Preventive Dentistry
nada

Manitoba, Canada

this year $1,500.00 was voted for educational work and the Canadian Dental Hygiene Council were invited to sponsor a campaign in Manitoba.

Here I must tell you who the Canadian Dental Hygiene Council are, because without their leadership we could not have tackled the big campaign. It is an association of laymen and dentists who aim by educational means to prevent or lessen the ravages of diseased teeth, and the effects of such diseased teeth on the body. Its present officers are: The Hon. S. C. Mewburn, K.C. C.M.G., president; Mr. E. E. Reid, B.A., manager, London Life Insurance Co., vice-president; Hon. Dr. T. H. King, Canadian Minister of Health, honorary president. Ministers of health of various provinces are Hon. Vice-President Dr. Edmund A. Grant, Toronto; Secretary-Treasurer Dr. Harry S. Thomson, Field-Secretary, and Dr. W. C. Trotter, chairman of Executive Committee, which contains representatives from each province. This Council at present receives a grant of $5,000.00 yearly from the Canadian government.

THE CAMPAIGN

Four or five months before

Red Cross outpost and one of the means of traveling to the dental clinic.

Manitoba Mouth Health Campaign, 1929—*Report of the Traveling Free Clinic*

TOWN WHERE CLINIC HELD	Number of Work. Days	Number Examined	Number Operated	Extractions	Fillings						Pulp Treatments		Treatments			Scaling	Special Cases
					Amalgam.	Copper Amalgam.	Silicates	Cement	Copper Cement	Cement Base	Pulp Capping	Pulp Removal	Silver Nitrate	Phenol & Creosote	Abscess & Fistula		
ALONSA	6	96	73	110	31		2	7		13	8		24		2	4	4
AMARANTH	2	26	24	26	12				2	2						3	
BIRCH RIVER	6	141	110	129	46	1	2	4	4	20	6		35	1		2	12
BROAD VALLEY	2½	63	57	141	12		5			6	2						
EAST BRAINTREE	4½	66	59	144	34	1	3	5		9		1					1
ETHELBERT	9	187	155	215	69	1	3	3	4	21	12	1	27	1		4	4
FRASERWOOD	4	121	121	171	49		1			19							
INWOOD	4	60	47	69	23		8	1	1		3						
LANGRUTH	4	68	48	60	20	3	7		7	9	11	3	18				
RORKETON	7	147	137	311	50	9		15		8	2		17			3	4
VITA	4½	128	118	211	27		3			9							
TOTAL	53½	1103	949	1587	373	15	34	35	20	116	44	5	121	2	2	16	25

Number of operators	2	Extractions	1,587
Total number of days, including traveling	67	Fillings	477
Number of places where Clinic held	11	Treatments	174
Number of patients examined	1,103	Scalings	16
Number of patients operated on	949	Special cases	25
Number of operations	2,279		2,279

the actual campaign, the field secretary (Dr. Thomson) came to the province and a luncheon was arranged with the heads of various organizations, to whom Dr. Thomson outlined the objects of the proposed campaign and asked their assistance. The organizations represented at this meeting included the Hon. Minister of Health for Manitoba, the Hon. Minister of Education, the Red Cross, and the Health League. Such a request coming from such an organization, financially supported by the Canadian government, received the consideration it deserved. It was then up to the Educational Committee of the Manitoba Dental Association, assisted by the field secretary of the Canadian Dental Hygiene Council to plan and to carry out their campaign. Fortunately, Dr. Thomson has executive ability of a very high order, together with an enthusiasm and oratorical skill that make him a power in himself. The campaign actually started about the middle of February, but the Educational Committee started weekly meetings in October, and increased as the campaign got under way.

First the sympathy and active co-operation of several other organizations were obtained. These included women's institutes, boards of trade, teachers' associations, school trustees, the medical association, and the press. We supplied the Department of Health with a series of five articles which were sent by them to country newspapers. We were afterwards supplied a list of over one hundred newspapers that had carried the whole series of articles. We had already divided the province into districts (18) appointing a dentist in each to head up our part of it. This dentist called representatives of various organizations together to organize their district. The medical health officer, school principals, and district nurses had already received notices from the Department of Health and Education to assist in any way they could. This made it easier for the dentist to get them together and in several instances the mayor of the town was appointed chairman of the general committee. Arrangements were made for moving pictures, public lectures (usually by Dr. Thomson) and examination of all school children together with a booklet for each child. A prize of $10.00 cash was offered in each district for the best essay on the teeth written by children in grades 6 to 9. These prize essays were then sent to the Central Committee who awarded a further prize of $25.00 for the best essay in the province. Winnipeg city schools did not take part in the essay contest for reasons explained later.

It was the wish of the Dental Hygiene Council to render some form of free service to outlying districts who were 25 miles or more from any dentist. Accordingly two dentists

were procured at $70.00 per week and expenses who each spent four weeks working for the poor children in certain districts chosen by the government and the Red Cross. Also the government district welfare nurse or the Red Cross arranged the accommodation for the dentist, notified the patients and made all the preliminary arrangements. A brief resumé of the work of these dentists is attached to show the wonderful service they rendered freely to many under-privileged.

Weeks in advance the various service clubs such as Rotary, Kiwanis, etc., had been approached, usually through a dentist member, pointing out the aims of the campaign and asking for an opportunity for Dr. Thomson or other dentists to address the club. Sixty-five thousand examination charts were provided by the government and every dentist outside of Winnipeg gave at least two days of his time free for the examination of school children.

A FINE ACCOMPLISHMENT IN WINNIPEG

In Winnipeg regular examinations are conducted by the school dentists. Here we proposed and were prepared through forty volunteer dentists to give lectures to all children over grade 6. There are over 1,000 rooms counting all grades in Winnipeg. However, the Winnipeg school board suggested that we supply one of their assistant superintendents with written lectures, which he would put into form so that their teachers could themselves give our information to the pupils, not only this year but every year. Various attempts had been made in past years to get something in the nature of a book on the "Importance and Care of the Teeth" in our schools, but the reception was poor indeed. A meeting was arranged for Dr. Thomson to address the school officials and school principals. I might here state that last year one of our prominent dentists, Dr. F. Warriner, was elected to the Winnipeg School Board. The last two sentences explain mostly the reverse in the attitude of the school officials and the offer they now made. A long desired wish was about to become a reality. We lost no time in placing a mass of material in the hands of the assistant superintendent who spent many nights overtime whipping it into layman's language, after which it was returned to our educational committee to check. This done, the government agreed to print sufficient for all the schools in the province. After the summer holidays it will be included in the school curriculum for higher grades as health or science lectures. Surely this was a fine piece of work which will bear good fruit, impossible to estimate.

By contact with their headquarters, the Canadian Educational Film Co. kept our films routed and repaired. We had

Dr. Livingston, one of the operators and assisting nurses at an out-post hospital.

▲ ▲ ▲

The sign reads: "This fine clinic is provided and financed by the Canadian Dental Hygiene Council and the Manitoba Dental Association."

four of these available in standard size, namely "Tommy Tucker's Tooth," "Fair Day," "Your Mouth" and "Oral Hygiene." We had colored posters, graphic charts, lantern slides and outline lectures all available. As the government controls radio here their wishes that we be given time freely resulted in many lectures being broadcast. Several editorials appeared in the newspapers written in a respectful manner.

The Canadian Dental Hygiene Council brought in 30,000 copies of "The Joy of Living" and 20,000 booklets entitled "At the Gateway." These were distributed to school children. The Educational Committee prepared a booklet for adults and older scholars entitled "Guard Your Health." Fifty thousand copies of this were printed by the government, and together with the 65,000 examination charts were distributed by the committee through the Ash-Temple Dental Supply Co. who shipped the required quantities to various points in the province.

I have already indicated the general plan of campaign. Dr. Thomson's itinerary was all arranged weeks ahead, his train arrivals, departures, etc. Only one or two days were spent in the smaller centers, three or four days at larger places and a week in Winnipeg. Twenty-

five moving picture trailers together with newspaper notices kept the public informed that he was coming. He gave public and school lectures, saw that arrangements were made for the local dentist or dentists to examine the school children and then passed on to his next point. Little or no work was done on Saturday, and none on Sundays. In Winnipeg the two largest departmental stores each dressed a prominent window relative to Preventive Dentistry. The retail druggists were asked to give us special attention in their windows and use certain display cards which we furnished. Dr. Thomson averaged about six lectures a day when in Winnipeg.

This account would be very incomplete if it did not give special mention to the work of the two free traveling clinics. Many, many letters of gratitude came to the government department and the Educational Committee for the services rendered by these two dentists. They were the right kind of fellows. They worked early and late, including Sundays, in their efforts to meet the demand of those seeking their professional aid. The chart showing the work they did, only partly tells the story. I believe this free service to these underprivileged children at points remote from a dentist was one of the very best means of giving the campaign a favorable consideration and reception.

The total costs of the campaign approximate $8,000.00 of which the Manitoba Dental Association and provincial government each pay about $2,000.00 and the Canadian Dental Hygiene Council about $4,000.00.

Our campaign opened officially on February 12th and closed with a large banquet on April 2nd. The banquet was referred to as "Commencement" for our work is really just started. Representatives of all the formerly named organizations were present. They were tendered the thanks of the Canadian Dental Hygiene Council and the Manitoba Dental Association for their gracious assistance and they in turn tendered their sincere thanks for being allowed to assist in the campaign. It was a mutual admiration meeting.

THE FUTURE

I cannot yet state what definite steps the government of our province will take as a result of the campaign. We have been asked to state our wishes which we are prepared to do at a conference soon to meet. Without prejudice, it would seem certain that two or more dentists will be appointed to state institutions such as asylums, and institutes for deaf, dumb and incurables—eventually, a director of dental services serving under the Minister of Health to supervise service in government institutions, direct any free dental services in outlying districts, direct dental educational work, etc.

Henry D. Cossitt, D.D.S.

HENRY D. COSSITT of Homestead, Pa., a senior in the dental school of the University of Pittsburgh, was recently awarded the Pepper Prize, put up annually by ex-Senator George Wharton Pepper, as being the "type of student which the University desires to produce." The jury which awards this prize takes into consideration scholastic ability, college activity, personality, etc.

This is the first occasion upon which a student in any of the professional schools has won this prize.

Cossitt has an A.B. from the University of Michigan, has had the next to the highest grades any student of the dental school of the University of Pittsburgh has ever received, and since being awarded the Pepper prize has been graduated from the dental school with "highest honors."

The Mouth During Pregnancy

By Trim Houston, D.D.S.

Read before the Navarro County Medical Society of Corsicana, Texas

IN our efforts to get away from all superstition and old wives' tales, there is one, at any rate, which we have to a great extent overlooked. And that is the notion that when a woman is pregnant her mouth must not, under any circumstances, be tampered with.

In theory we know better; but our practice belies our knowledge—judging from the attitude of the average patient toward having any attention whatever during this time.

It is no uncommon thing for a woman to say, "Doctor, I knew that I needed attention, and wanted to come, but of course I couldn't until after the baby came." And you should see the look of astonishment on her face when the truth is told to her.

As a matter of fact, this is the time of all times when the mouth should have the most careful attention.

As for the teeth themselves, there is an increased susceptibility to decay—white decay we call it. A dead white splotch—which easily breaks down—forms along the gum line and wherever the teeth come in contact.

One accounting for this is that an extraordinary demand for calcium on the part of the growing foetus withdraws this substance from the bony system of the mother—hence the weakening of the tooth structure. This is hooted at by another faction, which says that the hyperacidity of the saliva is responsible. Still another faction subscribes to the plea that the abnormal way of living in what we term our higher civilization has so altered the conditions of pregnancy that it should be considered in terms of pathology and not in terms of physiology.

Consequently, owing to the lowered vitality of the mother, the teeth, along with the balance of the body, having their resistance lowered, more readily succumb to the disturbances that bring about decay.

Not only the teeth themselves but the gums and alveolar tissues as well suffer. Whether there be pyorrhea, a hypertrophy, an anaemia, or what not, there is a tendency to recurrence

with increased virulence at this time.

We all recognize the fact that for the mother to carry any infection is an increased burden—from the lowering of her general vitality; and in addition, while the exact relationship between focal infections and the toxemia and eclampsia of pregnancy are not, as yet, fully understood, it is a matter of clinical observation that a mother carrying foci is more liable to these distressing conditions. It is claimed by some obstetricians that there is a very high percentage of demonstrable focal infections in those who are subject to miscarriages—that infarcts or infected areas, no doubt of hematogenous origin, are to be found in many of these cases—on the wall of the placenta. Also there is the deleterious effect on her nervous system from whatever pain may exist; as well as the inability properly to masticate her food, with its trail of digestive disturbance.

There are occasional epuloid formations at the edge of the gums. These always occur when there is a lack of proper elimination, with it consequent congestion of the gum tissues.

From the dentist's viewpoint, there are a number of things that should be cared for—without waiting for emergencies.

First and foremost the obstetrician should impress on the prospective mother the fact that her mouth needs every bit as careful and persistent attention as the balance of her body—both for her own good and for the good of her child. Let him assure her too, that she need fear no harm from this attention; as well as for him to see that the dentist is informed.

This will enable the dentist to look out more carefully than he might otherwise for troubles that he knows are prone to arise at this time.

It will also help to reassure the patient—for if she knows that the dentist is aware of her condition, she feels more at ease; for she feels confident that he will be more careful, if possible, than under ordinary circumstances, to avoid giving her any undue punishment.

She should be thoroughly conscientious about brushing her teeth and gums. This is a time when one of the tooth pastes containing magnesia can be used to advantage—not as a tooth paste—but to be rubbed in between the teeth, just before retiring, as a matter of routine, about twice a week—or nightly in case sensitive spots appear on the necks of the teeth. The magnesia has a tendency to counteract the effect of the hyperacid secretions of the mouth.

If not certain of the conditions surrounding the roots of the teeth, radiograms should be made—so that if any suspicion of focal infection disturbances arises intelligent steps can be taken toward eradication.

Since the patient's system seems to be more nearly normal during the second third of the term it would be well to try

to reserve any heroic attention for that time, when practicable.

Any soft spots appearing should be thoroughly saturated with silver nitrates; or actual cavities filled with whatever material is indicated.

Any sharp edges or rough corners should be polished down—that the tongue, lips and cheeks have no undue irritation.

All tartar should be cleaned away and kept away. The care of the gums should be seen to with redoubled vigilance. Neglect during one pregnancy—with a mouth inclined to pyorrhea—can bring about a condition that can never be fully overcome.

As for diet—while that is all important—for the condition of the mother's mouth as well as that of the child—it is no different from that required for her general welfare — and it would be rather presumptuous of the dentist to suggest to the obstetrician what that should be.

Dr. Waugh will study teeth of Alaskan Eskimos.

Left, Dr. L. M. Waugh, dental surgeon of the U. S. Public Health Service, conferring with Dean Alfred Owre of the School of Dental and Oral Surgery of Columbia University, on the eve of his departure aboard the Coast Guard cutter "Northland." He will sail to the Arctic, where he will conduct a research expedition, studying the nutrition and health of the Alaskan Eskimo for the purpose of discovering the secret of their amazingly perfect teeth.

How Would You Spend Ten Million Dollars?

"WHAT would you do with $10,000,000 if it were yours to dispose of for the good of mankind?"

This was the question recently asked by C. Harold Smith through the columns of the New York *Evening World*. He offered a grand prize of $1,000 for the best answer and a daily prize of $10.00.

We are reprinting the fifteenth daily prize-winning letter which was written by Dr. Thaddeus P. Hyatt, Assistant Medical Director of the Metropolitan Life Insurance Company of New York City:

My dear Mr. Smith: Children of our country constitute its most valuable asset. Physical and mental development depend on health and happiness. Protecting and maintaining healthy growth and mental development is of paramount importance. Pure food is necessary for healthy growth. Nutritional value of foods dependent on purity. Anything affecting food purity impairs nutritional value. Food is mixed and chewed in mouth before swallowing. Hygiene of mouth important in preserving food's nutritional value. Systemic conditions intimately related with mouth pathology. Need of dental care of children consistently shown in all examinations. One thousand and sixty-three pre-school children medically examined showed 72 per cent had defective teeth, 26 per cent had hypertrophied tonsils, 23 per cent defective breathing. Last two defects closely related with mouth pathology.

Mental development dependent on healthy growth of body. Children of today, the adults of tomorrow. Growth of our country and progress of civilization depend on healthy boys and girls.

Suggest one of two plans: Publish book for kindergarten children, interestingly written, intelligently illustrated. Distribute them throughout the country. Children will learn to take care of their mouths; or establish several model children's dental infirmaries in Greater New York.

Medical School Officer of Swindon, England, writes: "Nobody who has even a rudimentary knowledge of preventive medicine will question that the dentistry of children stands absolutely first for the suppression of disease. It is not too much to say that the school dentist performs work for the community more important than that of anybody else, and that the return for the trouble and expense of attending to the teeth of children pays the highest dividend of any form of human industry."

Practically no efficient children's dental service is being given in New York for its 500,000 children under eight years of age.

Yours sincerely,
THADDEUS P. HYATT.

A Nigger in the Wood-Pile

By Vance Hasty, D. D. S., Taylorsville, N. C.

BOYS, for a fact, I think that I have discovered "a nigger in the wood-pile" when it comes to conductive anesthesia! I'll saw the "wood" and let you find the "nigger."

A good many years ago, when conductive anesthesia was all the rage (anything was conducted for everything) I decided that maybe I'd better get on to it, being, at that time, associated with Dr. D. S. Caldwell, of Charlotte, N. C. (now deceased).

As I recall, back in 1916, it was not impressed upon us as being absolutely necessary to a successful practice. I do remember, now, that Dr. Sam Silverman, of the "Old Southern" (Sam is a Big Bird now) in Atlanta, was doing something along that line then. It looked dangerous to the timid seniors. Most of them were afraid of it —including myself.

A P.G. COURSE

Anyhow, after due consideration, Dr. Caldwell decided I'd best take a P. G. course for the best interest of the practice.

So, shortly after the War I made a pilgrimage back to the city of my Alma Mater and took a course under a fellow who was advertising high and wide. Memory fails me, but I think the course cost fifty dollars, and could be completed in a few days—a week, at most.

I returned with the course and all the special equipment. My account of the course and the results to be obtained were so glowing that I was made "chief" of anesthesia (local) around the office.

GOING FINE

Everything went fine — for a while. One day the "boss" came back to my office and advised me that he had a patient in his chair for conductive anesthesia, and wished me to make a lower right mandibular injection. The patient was a prominent woman from a nearby town. The "boss" wanted to impress this particular lady with our up-to-date methods. Her temperature was taken, blood pressure recorded, pulse beat set down, and the "boss" used a stethoscope to find out if the heart was flivvering right. I stepped up to the chair all dressed in white from head to foot (nothing like making a show, you know) attended by a nurse. The "conductive outfit" was rolled up beside the chair, and I made the injection with the necessary "impression," and discreetly retired to my office.

WORRY ENTERS

A little while thereafter the "boss" came back with a worried look on his face to inform me that my injection had not worked. He wished me to make

another attempt, which I did and returned to my work. Some twenty minutes later the nurse advised me that I was wanted up front. I can remember to this good day the utter disgust on the face of the "boss" as he asked me to fill a syringe of a certain stock solution anesthetic we had been using. He made necessary local injection (advising the lady that it was part of the technique) and proceeded with the extractions—painless, I think.

After this incident there was always a question in our minds whether or not a certain injection would work. We were not so enthusiastic about conductive. Finally it was dropped from the regular office routine for a while. We went back to the old stock solution, and when it failed, gas—which, in those days, my friends, was a most strenuous and nauseous job for everybody — especially the patient.

Some little time after this (about the time national prohibition was to be ushered in) I decided that if I was going to strut my stuff in extractions and minor oral surgery, I'd better renew my faith in conductive anesthesia. Being all set, I enrolled in the aforesaid course, at a prominent (they are all prominent, you see) university in a city above the Mason-Dixon line (I'm a North Carolinian, born and bred, remember) where all the "big butter and egg men" go, (I didn't see any of 'em) for two whole weeks. Hot ziggity! It was fine.

I came home full of theory and enthusiasm (maybe, something more). Anyway, being called to the hospital to see a patient in the town where I was practicing at the time, I imparted some of my enthusiasm to one of the head nurses. She told me of a lower impacted wisdom tooth that had been giving her some trouble, and, that if I could fulfill my promise, she'd like to have it out. I made definite engagement then and there for the next day.

If you have to hang around a hospital much you'd better cultivate head nurses, for, take it from me, they know "what is where," and can diplomatically help an ignorant, untrained (in hospital routine) dentist. I know — I've been there, and I always enter a hospital operating room with fear and trembling.

The engagement was kept promptly and I made two or three stabs back in the retromolar space. The wisdom tooth was finally removed, with much squirming and cussing me (pain, O! Dr. Morton). Pardon me, nurses don't cuss (another mistake). Another failure with conductive that I especially wanted to make good on. Isn't it funny how your little toy blocks of some "pet" hobby can tumble all about you when you are so anxious to stack 'em up right?

About this time I began buying every book on anesthetics I could find; taking correspon-

dence courses, and ordering all the free literature and pamphlets offered by purveyors of local anesthetics my eye chanced to see. It became my hobby, sure enough.

As you know, two or three years ago, a certain very prominent gentleman of the craft came out with a "simplified" technique (let's spell it the long way this time). I bought the book, and, incidentally, the equipment. Glory be; I sailed the waters of perfection for a while—until, here came one of those fat and forty girls. Then, by gosh, pain was "master of ceremonies" at the extraction—er, operation. Disappointment and disgust again overtook me.

This same gentleman came out later with another book. It had a sure technic (now, the short way) so the advertisement said. A simple procedure, it seemed to me, and I've been meeting with fine success until this morning. Yes, this morning, I reached the end of my tether, and I want to know something about it.

This morning, I tell you, along came another one of these "fat and forty" folks suffering with a broken down lower left wisdom tooth. I assured the lady that her suffering was at an end, and proceeded to give her a mandibular injection with an additional injection in the buccal mucosa, as per the book. Fine! The pain "folded its tents, and silently slipped away."

Some twenty minutes later, all set for a "grandstand extraction," I found the buccal area still sensitive. Another mandibular injection fortified with both lingual and buccal shots. A while later, testing, buccal area still proved sensitive. I assured the lady that the tooth had an exposed (O! deception) nerve in it, and that there would probably be some pain when I grasped the tooth with the forceps. I pulled (yes, we still pull 'em in the country) the tooth, and the patient let out a yell. (Can you realize that in this modern day of painless dentistry?)

Being more or less pessimistic this evening, and wondering, after all these years, why I can not get the wonderful results I'd been hearing, reading about and seeing, I decided to see what friend Kells had to say about it in his chapter on anestics in "Three Score Years and Nine." You know, he has come to be my "last resort" in things dental.

On page 129 I find that he has the following to say: "Take, for example, the mandibular injection—*in some heavy jawed people,* where the soft tissues are so thick that I cannot even locate the retromolar triangle, I have no idea where to stop the needle. But I do stop it, make the injection as best I can, and *usually* get anesthesia."

Did you find the "nigger"?

[The editor of ORAL HYGIENE guesses that the "nigger in the woodpile" is that if you don't do the job right you don't get the anesthesia.]

Tempus Fugit

Extracts from the first August issue of ORAL HYGIENE, published 18 years ago, in 1911.

IN this "campaign of education" what is it we desire to accomplish, anyway? As I understand it, we want everybody, big, little, young and old, in this country to know and understand that if they keep the oral cavity clean, they will have fewer decayed teeth and be much less liable to have the various oral lesions, diphtheria, pneumonia, tuberculosis, etc. Since there is probably not 1/100 of 1 per cent of the people in this country who know and appreciate what oral hygiene means, this subject then becomes a matter of educating the whole nation, or in other words, evolution. In its final analysis it certainly means just that. Anything that contributes to this end is good and should be encouraged.—ROSS A. ADAMS, D.D.S., *Denver, Colo.*

This is a restless age; this is an age of great things; this is an age of marvelous progress; no slipshod methods will do in it. This is an age of which our own Dr. Perry of New York says: "One sensation is no sooner over that another one is looked for. The art of talking through the air by wireless is no sooner acquired than flying through the air follows, and those marvels are forgotten the moment the discovery of the North Pole is announced." Can the dental profession contentedly sit and say "thus far and no further?" I believe not. A year has passed since our last meeting and much good has been done, but what about the future? Whence shall we derive inspiration for greater efforts? Who will show the way?—JOSEPH N. KATZ, D.D.S., *Pittsburgh, Pa.*

In this stage of advancement in the science of health and the prevention of disease, dentistry is not merely marking time. The work of dentists among the school children of the country will be productive of benefit to the present as well as to future generations to an extent not possible to estimate, and the concerted movement of popular education regarding the importance of the teeth, which is being started through numerous channels threatens to overwhelm the dentist in all localities with demands upon his time. The dental nurse was proposed some years ago, but as yet has no place in the profession, nor is she likely to have. The nurse was to be prepared for a work which takes the surgeon's most exacting skill, if she was to be a clever nurse or else she was to be a drudge; do we want her—and could we keep her?—EDWARD B. SPALDING, D.D.S., *Detroit, Mich.*

DENTAL HUMOR IN 1911

"Do people chew more on one side of the mouth than the other?" asked the talkative one.

"Sure," said the dentist picking up the clamps.

"How interesting! Which side?"

"The inside," replied the dentist, slipping the rubber dam over the verbal one that issued from his patient's lips.

"What a rasping voice that lawyer has."

"No wonder. He's filing charges."

When Dentists Pla

Pittsburgh Sun-Tele. Photo

George T. Gregg, D.D.S.

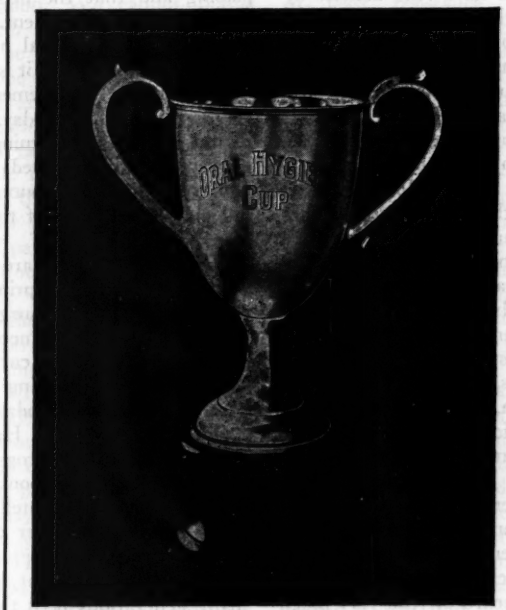
WHEN dentists play golf they usually take it more seriously than merely as a form of exercise. In practically every city you will find a dentist who ranks high in local golf circles.

Dr. George T. Gregg, whose picture is shown at the left, has several times won the championship of the American Dental Golf Association and with it the awards which ORAL HYGIENE always makes at such events.

Dr. Gregg is the present Champion of the A.D.A. Golf Association and the Senior Golf Champion of Western Pennsylvania. On July 5th he competed with the United States and Canada Seniors' international tournament at St. Andrews, Scotland. As we go to press before this event we cannot foretell the outcome but we have enough confidence in Dr. Gregg's ability to predict that he will uphold the reputation of the golfing dentists of the United States.

Dr. Gregg will return to the United States in time to battle for his dental golf championship and win the 1929 ORAL HYGIENE Cup pictured on the next page, at the meeting of the A.D.A. in Washington, D. C., in October.

lay Golf



Who Will Win It?

Dr. Gregg is not an exceptionally long driver but he sends the ball whistling down the fairway and plays his average round in 75. His iron play is one of the strong features of Dr. Gregg's game and he is counting on it for the St. Andrews matches.

He was a star baseball pitcher during his college days at Tacoma (Washington) College and the University of Pennsylvania.

A View on Co-operation

By Sydenham C. Warden, D.D.S.

Norfolk, Va.

WE have read articles by the yard on the subject of medico-dental co-operation. Surely we have considered and discussed every conceivable angle. Let's let up a bit on the pros and cons, and the passing of the buck.

Most of this discussion has been in the abstract and applies to the question generally. Let's get down to some point whereby we may be able to take stock of ourselves as individuals and each man work out his own ideals just as he does his policies of ethics. Co-operation of the physician, bedside attendant or diagnostician is not only the ideal thing to be sought and developed, but is essential to the real scientific growth of our profession. The need for this adjustment is becoming more acute each day. I do not recall having heard or read very much that could be used as a definite starting point.

We know the dentist cannot legislate the physician into a whole-hearted endorsement of his theories and practices. What we really want is complete recognition in our field, the field of dentistry. That should be easy to obtain. But is it?

Certainly we have proved in the last decade that the dentistry of yesterday is rapidly passing and that the dentistry of today is more evident. The personnel of the dental profession is so changed that it is hard to find anyone who remembers the mechanic of yesterday. The dental schools are turning out educated, highly trained scientists, specializing or concentrating on a single unit of the human body.

These same men are well versed in many of the principles of medicine and of surgery—these subjects being a necessary part of their college curricula and essential in securing a degree. The dentist of today is of a high intellectual type. He is entitled to a dignified recognition. He will carry his responsibility as honorably and as intelligently as would a member of the parent profession.

The physician has for so many generations been the sole arbiter in all things pertaining to the human frame as well as a sort of dictator in the moral, religious and political make-up of the community.

The doctor was a sort of district god; a man to whom we went not only for advice on physical life, but for help in every phase of the business of living. The present-day physician is so thoroughly saturated

with this tradition that it is extremely difficult for him to step aside and say to the younger profession, "You tell me, I don't know."

The average physician is quite unfamiliar with such an expression. We cannot blame him for his attitude. It is not that he is unwilling to have someone help shoulder this added and ever increasing responsibility; it is because he is afraid to trust the decision to another for he alone is responsible for the main "machine" and not for just one of its component "parts."

His one desire is to make his patient well, to at least improve the individual's ability to function properly. To accomplish this he must weigh carefully all facts before him and eliminate or correct everything that would tend to retard that desired end.

The problem of the mouth is each day becoming a more intricate problem to the physician. The research and study on focal infections as causative agents in systemic abnormalities is forcing him to sit up and take notice. He is brought into a closer personal contact with the dentist than ever before. The dentist is his sole means of eliminating this all important foci when found in its most common location, the oral cavity.

Unfortunately this contact has not always improved the physician's opinion of the dentist's dependability. Perhaps he did not find him the intelligent, analytical specialist he expected. He may have found him to be far in arrears as to current practice—that he still remained the mechanic, going along from year to year, following the line of least resistance, "pulling teeth," making bridges, building "plates" and thinking of fees. An artist — but only a skilled mechanic in practice.

He is so busy filling teeth that he has not had the time nor inclination to check his position. Enjoying a large and profitable practice, he sees no necessity for it. What more is to be desired? Having managed all these years without having to bother about diet, infections and other unimportant whatnots, he just isn't interested.

He insists upon leaving the matter up to the family physician. Certain definite teeth which may or may not be pathological are "ordered out" by the physician. The dentist removes them as requested without discussion or question. Can you blame that physician for failing to call him in consultation on the next case that presents?

Of course, the above is not *typical* now, but only a few years back it was quite general. This apparent lack of interest, or ignorance, or both, and careless inability, are the greatest obstacles in a fight for co-operation. Indictments like this are just as applicable in medicine, and notwithstanding the supposedly higher education due to

preliminary requirements, the ratio is just as great. When the dentist then refuses or neglects to qualify himself to assert his position, the physician cannot then be blamed for assigning him an insignificant place.

To criticise, without offering a remedy to overcome the cause of the criticism, smacks of insincerity.

The writer may be wrong in his views but he is at least sincere in his arguments. I repeat my statement that the question must be answered by us as individuals.

To effect the deserved recognition and co-operation from the medical man, we must in single acts gather strength and confidence as we go—gradually forcing the physician to admit that so far as the oral cavity is concerned, the dentist alone is master—that his opinion on the mouth is final and absolute—that no diagnosis is complete without the dentist's report on conditions in the mouth.

This opinion must be stated in a definite and scientific manner without the time-worn alibi of "beating the-devil-around the bush" or reneging on the acceptance of full responsibility for the dental field.

Create in the physician a wholesome feeling of confidence in your ability as a diagnostician of the oral cavity. To do this, have the data at your finger-tips and know what you are talking about and, most important, have the courage of your conviction. You may rest assured the modern physician will be delighted to meet you more than half way and will place his confidence in the same proportion which you have demonstrated your ability. He is only too glad to leave the dental field to the dentist, but he wants to be sure to leave it in the *right* hands. It is a difficult program to follow and will require tact, together with constant study, review and research.

But, when the mark is attained, you will have a feeling that dentistry has been lifted another step upward, and that you rank in *your* profession on a par with the older profession of medicine.

Buffalo Teachers' College Conducting Hygienists' School.

The Buffalo State Teachers' College this summer is conducting a summer school for dental hygienists. It is in session from July 1st, to August 9th. Dr. Stanleigh R. Meaker, supervisor of oral hygiene, state education department is acting as registrar and director of the course.

Care and Cleanliness of the Mouth

By Alvie R. Livermore, D.D.S.
Smethport, Pa.

IN writing this paper to present to the Parent-Teacher Association, of Rew City, I have tried to eliminate all the *big* and technical names used by the dental profession and used only phrases and words which should be easily understood by layman or anyone outside of the profession.

Hygiene is that branch of sanitary science which treats of the laws of health and how to preserve it.

Oral, or mouth hygiene, treats of the health of the mouth.

Dr. Osler in an address before the students of the Royal Dental Hospital of London, said, "You have just one gospel to preach and you have to preach it early, preach it late, in season and out of season. It is the gospel of the cleanliness of the mouth; cleanliness of the teeth; cleanliness of the throat. *These* three things must be your text through life."

Oral hygiene—the hygiene of the mouth—there is not one single thing more important to the public in the whole range of hygiene.

Dental caries — or decay of the teeth — is without doubt the most common disease that affects the human family at the present time and one from which *very few* persons among civilized nations wholly escape.

The oral cavity, or mouth, is the entrance to the alimentary canal. It is a mixing and grinding machine—a bill in which the food for the nourishment of our bodies is ground and mixed with the fluids from the mouth glands which aid digestion.

This has become an age of preventive dentistry. In other words, to use the old expression, "An ounce of prevention is worth a pound of cure." *Any* dentist should take more pride in keeping a patient's teeth free from decay than in inserting a beautiful bridge.

Preventive dentistry *should* begin when the child is *born,* but since so many children cannot be reached at that time, the practical way of improving the standard of health is in the schools. Here the child unable to pay has an equal chance with the one who is able. Here every child can be taught the habit of mouth cleanliness, the proper way to brush teeth, the value of teeth and their relation to good health. Dentistry, in the last few years, *has* been a science of

repairing, but the time has come when the profession and the public demand more. Education and prevention will accomplish these demands. If the dental health of our school children is taken care of during the first four grades, in eight or ten years our high school pupils would have clean mouths and good teeth.

The mouth of the infant, when first born, is usually without teeth. The eruption or cutting of the deciduous or baby teeth is a physiologic process and in a normal child is productive of so little general or local disturbance that many times the teeth make their appearance within the mouth before the parent has realized the fact that "teething" has really begun, while on the other hand, in children with poor health it often plays a prominent part in helping to cause diseases of the digestive and nervous systems.

Cutting of the baby teeth begins between the fifth and eighth months after birth (normally) and is completed between the twenty-fourth and thirty-second months. The lower teeth usually appear a few weeks in advance of the upper ones. No general rule in regard to this is followed however.

As soon as a child begins to take food its mouth should receive attention. But how few mothers ever think to cleanse a nursing baby's mouth? Much of the suffering that some babies have to endure is from sore mouth — stomatitis, and this might be avoided by cleansing the mouth after the baby's feeding.

One of the best ways to cleanse the mouth of an infant is by wrapping a small piece of cotton around the first finger of the right hand, the hand of course having been washed with soap and sterilized water, and after moistening the cotton in sterile water or boric acid solution pass the finger over the surface of the mouth and tongue, particularly under the tongue and between the gums and cheeks.

As soon as the teeth begin to appear they should be kept scrupulously clean. This may be done at first by the method already described. After the teeth have fully erupted the toothbrush is indicated. This should be small in size and the bristles soft. In applying the brush especial care should be exercised not to bruise or in any way injure the gums or the membranes of the mouth as these tissues at this period are tender and easily inflamed. Cleansing of infants' teeth, twice each day will ordinarily be sufficient.

After each meal the teeth are fouled by food debris, which, after two or three hours is in a state of fermentation or decay, and acids are formed which attack the enamel and dentine of the teeth resulting in decay.

After the teeth have fully erupted, for *this* reason, if no

other, the teeth *should* be brushed after each meal.

Little children should be taught to use the toothbrush as soon as the imitative faculties begin to develop. Of course, it is not expected that children three years of age can be taught to care for their own teeth: this must be the duty of the mother. If the child is too young to understand this, the parent can do the brushing until the child becomes acquainted with the proper method.

Dental decay is often started in the mouths of small children during periods of illness. Much of this can be prevented by proper care of the mouth at these times. As soon as a child has recovered from sickness, its teeth should be carefully examined. This is best done by the family dentist and if decay has started in any of the teeth, whether baby teeth or second teeth, they should be filled immediately. Many children have to receive the attention of the dentist before they are three years of age. If the dentist will trouble himself to gain the confidence of these little ones he will *never* have any trouble in handling them.

Now we come to the permanent or second teeth. The first permanent molar has the misfortune frequently to be considered, or rather mistaken for a baby tooth, and because of the mistaken notion of many otherwise intelligent parents, that the first teeth should receive *no* dental attention, these teeth, the first permanent molars, are often allowed to decay until they are beyond repair.

Children whose first permanent molars have been neglected until they are badly decayed usually have bad digestion; because these teeth have been so sensitive or painful as to make proper chewing impossible, the food has been swallowed before it has been properly masticated, thereby producing indigestion, headache, general nervous condition and sluggish minds in and out of school.

Many a child becomes ill-tempered, morose, cruel, quarrelsome and even untruthful because of the constant irritation of physical defects, not the least of which are irritations from the teeth. An irregular set of teeth, a poorly formed jaw, etc., often destroys the happiness of a *sensitive* child.

The principles of oral hygiene are so simple that any child of school age can understand them. There is, therefore, no reason why the teaching of oral hygiene may not become a part of the curriculum of our public schools. It would not be necessary to teach the child all the reasons why mouth cleanliness is necessary to a healthy body and mind, but he or she *can* be taught *how* to keep the mouth clean. No school curriculum should be considered complete that does not provide for the teaching of this department of sanitation. Of course many people would say, "The old way is good enough. Why

should we take every new fad that comes along? Our children are better cared for than we were and yet they are no more robust in body or brighter in mind than was *our* generation."

These people forget the change in living conditions that has taken place since *their* school days. Then, the population was usually scattered over large country districts — pure air, wholesome food, early hours, and simple pleasures largely enjoyed in the open air. Now we eat food gathered green and ripened in transportation, stale vegetables, cold storage meat and eggs, impure doctored milk, adulterated or poisonous preserved or canned fruits, vegetables and meats; unwholesome drinks served at soda fountains, the syrups made by chemistry instead of pure fruits and grape sugar.

We have badly ventilated and over-heated houses, school rooms and public halls, late hours and exciting pleasures. No wonder these children are no more robust and no brighter in mind than were the children of the generation preceding them. The wonder is that so many have survived under the handicap placed upon them.

In many public schools it is the duty of at least one teacher to inspect the children as they enter the school building to see if their hands and faces are clean and their hair has been properly brushed.

A similar course might be pursued in relation to the teeth. The teacher could ask each child to show its teeth and if they were not clean the child's attention should be called to the fact and told that the teeth should be cleaned after each meal.

I firmly believe that instruction given in the schools in the proper care and use of the teeth and mouth would save thousands of dollars annually to the state in the education of our children.

Dentist Makes Device to Clean Golf Balls

Wichita, Kan. (AP).—Dr. J. R. Conklin, Wichita dentist, has patented a device to wash and dry golf balls.

"A clean, bright ball for every stroke," is the claim he makes for an obling box he has invented. By turning a small crank the ball is forced between a series of revolving brushes immersed in water. Then a set of dry brushes finish the process.

Dr. Conklin believes the demand for clean golf balls should make the idea popular among golfers who can't afford new pellets every time they soil one.

Humans to be Born Without Teeth in 3028—Headline in the *San Antonio (Tex.) Light.*

Following an old-established custom.—*The New Yorker.*

The Banded Teeth

By Edgar A. Guest

When I go back to school again
You bet the kids will look at me,
And I will be a hero then,
With something they will want to see.
My ma, she took me down today
To where the dentist is, and told
Him to get busy right away,
And now my teeth are wired with gold.

I've got a band all looped around
My mouth to hold my teeth in place,
And when I talk, a funny sound
Like hissing comes from out my face;
And there's a little screw back there
Which he can turn to make it tight,
And he says it will be a year
Before my teeth are fixed all right.

My pa says not so long ago
Teeth just grew anyhow they could;
If they were bad, they didn't know
There was a way to make them good,
And that's why his buck tooth is plain
Coz it got crowded out of line
And never could get back again,
And now I've got a band on mine.

When Jimmy first put glasses on
The kids all flocked around to see
And he just let 'em, every one,
Look through 'em. Now they'll come to me
Coz I've got something I can show
And talk about that's just as grand
As glasses are, I'd have 'em know.
Inside my mouth I've got a band.

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ORAL HYGIENE

W. LINFORD SMITH
Founder

REA PROCTOR McGEE, D.D.S., M.D.,
Editor

Manuscripts and letters to the Editor should be addressed to him at 514 Hollywood Security Bldg., Los Angeles, California. All business correspondence and routine editorial correspondence should be addressed to the Publication Office of ORAL HYGIENE, Pittsburgh, Pennsylvania.

Professional Advertising

THE Chicago Medical Society expelled Dr. Louis E. Schmidt because he was connected with a venereal clinic that was owned and operated by laymen and which carried advertising that was contrary to the ethics of the medical profession.

This expulsion has kicked up a big stir among those who have advertising space for sale. Many of the more radical publications are making furious assaults upon the "Medical Trust" because the medical societies do not revise their constitutions so that their members may drum up business by proclaiming in print just how good they are. This fulsome criticism is also being directed toward dentistry. A lot of shekels could be raked in by the lay press if the dentists and physicians could be persuaded to make use of a few thousand columns of advertising space each day.

It might also be a grand idea to paint pictures of the ubiquitous cancer and the shy alveolar abscess on bill boards so that what little scenery is left could be supplemented by these delicate morsels.

Advertising can do two things in the relation of the patient to the professional man: it can direct the patient to the right doctor or it can direct the patient to the wrong doctor.

Experience has shown that the advertising of professional service has almost invariably directed the

Editorial Comment

patient away from those who could deliver the desired service.

Even the statement of the eminent Henry Ford upon the subject leaves us just as unconvinced as did his military ideas during the war.

Indiana

THERE are a lot of good things in Indiana; one of the best is the great Indiana State University and one of the best departments of the State University is the Indiana Dental College of which our old friend Lt. Colonel Frederick R. Henshaw is dean.

The American Association of Dental Schools elected Dr. Henshaw Vice President at their last meeting which was a compliment to Dr. Henshaw and an advantage for the Association because the dean is an experienced educator and a tireless worker.

The gradual expansion of the Indiana State University to include the dental school indicates that the plans of the founders are being strictly adhered to. This is one of the oldest of the state universities; from it have graduated many of America's most famous men. Stanford University has been developed upon the plan that was used by David Starr Jordan when he was president of I. U.

Education in Indiana has been progressive; let us hope that the American Association of Dental Schools may become inoculated with the ideas of educational progress or possibly reinoculated.

Unlicensed Practitioners

THE Chicago Dental Society says that there are hundreds of unlicensed dental practitioners busy

in Chicago. Many of these fakirs have the gall to be listed in the telephone directory. These dental desperadoes will stop at nothing to get the patient and his money separated. Every known method of advertising and deception is used to lure the unwary into their clutches.

The State Board of Dental Examiners is being severely criticized for not putting these charlatans out of business. In order to cope with the unlicensed menace the members of the Board would have to close their own offices and devote their whole time to police work. A possible solution might be to have a study club organized in each society to study the law enforcement problems and to check up on the illegal practitioners.

Some of these quacks openly defy the state laws, some have crooked political friends, some use the licenses and adopt the names of dead men who were licensed, others have copies of the licenses of men who practice in another state but who are licensed in several states. Then there have been cases where exact duplicates of state licenses have been made by clever counterfeiters and actually registered as genuine in the offices of the county clerks. The bogus practitioner nearly always puts up a bold front, boldness being his stock in trade. He will threaten everybody with the terrors of the law until cornered, then comes the weeps and the pitiful story of a large dependent family which may but probably does not exist.

In every large city these frauds are in practice and in many of the outlying country districts they have been at it so long that the natives think long experience in breaking the law gives the right to practice; something like a common law marriage. It might be a very good idea for those State Board members who wish to exercise their authority to get after dentists who have no right to "dent."

Every licensed man should do his part toward

eliminating the unfit and at the same time it might be a good idea not to refuse licenses to so many who are fit but who have practiced too long to pass the examination expected of a recent graduate.

Exemption

DOWN in Maryland they are trying to pass a law to exempt from taxation the furniture and office equipment of dentists and physicians if the value of the equipment is under five hundred dollars. This should be done by all means because the man who practices with an office outfit that is worth less than five hundred dollars can't very well pay taxes.

Why not raise the ante to about five thousand dollars?

The Dental Hygiene Law of North Carolina

THE General Assembly of North Carolina has recently passed a law requiring teachers of the public schools, whose duty it is to teach mouth hygiene and make dental examinations, to hold a grade "A" certificate besides being a graduate of a school of Dental Hygiene; a newspaper report remarks:

> "Such hygienist shall teach mouth hygiene and the proper care of the teeth, and may recommend mouth washes, clean stains, remove deposits and accretions from the exposed surfaces of the teeth, but shall not perform any other operations on the teeth or tissues of the mouth," the law reads.
>
> The law also stresses that any person falsely claiming to have a mouth hygienist license and perform such actions in the public schools will be guilty of a misdemeanor and shall be fined $25 for each charge.
>
> County Superintendent J. A. Capps stated that he

knew of no such mouth hygienist school in North Carolina.

This is an excellent law and if there is no School of Dental Hygiene in North Carolina, then by all means start one. The lack of a place to get the legal requirements would cause the law to be ignored. A school such as the late Dr. Robin Adair founded at Atlanta would fill the bill nicely.

Dr. G. Layton Grier Opens Office

WAY down in the Antarctic where every day is a cold day, the first examining board is a long way in the future. There are certain advantages for entering practice down there after you have been for many years out of practice and in the business world. First, you can have all of your work done by someone else; second, no charge for rent, light, heat, taxes, automobile repairs, supplies, or grub; everything is furnished—even the radio and movies.

Dr. G. Layton Grier, president of the L. D. Caulk Company, has been honored by having the "Medical House" of the Byrd Antarctic expedition named for him. Dr. Grier has taken a very active interest in the dental welfare of the expedition and his efforts have been so greatly appreciated that all medical and dental treatment is carried on in his name.

Here's hoping that Dr. Grier may remain vitally interested in dentistry until long after the ice barrier has melted.

Counterfeit Licenses

HOW would you like to pay about three thousand dollars for a fake dental license? Some of you young fellows who write me about the lack of opportunity for young licensed dentists might con-

sider the value of a real license in comparison to the price paid for a phoney one.

Over in Illinois the Cook County grand jury has indicted five persons, who are now under arrest, charged with supplying fake medical and dental licenses for three thousand dollars spot cash. You don't get credit when you deal with counterfeiters.

The chief investigator for the State's attorney says he expects to implicate the Department of Registration. This gang of license brokers maintained headquarters in Springfield, the capital of Illinois, with branches in Chicago, St. Louis, New York and other cities. They had a regular organization which solicited business from dentists and physicians who had either failed to pass the regular state board examinations or who had graduated from unrecognized schools.

It would seem that a graduate who failed to pass his examination could better afford to spend his three thousand dollars taking a post-graduate course so that he could pass, rather than forever bar himself by joining a conspiracy to circumvent the laws regulating practice.

There is no doubt that the present laws regulating licensure are in many ways unsatisfactory but there are so many divergent opinions on the remedy that a solution seems a long way off.

Many years ago in a Western state there was a dentist who served as president of a state board of examiners with all the zeal of a moral reformer. This man was Old-Stony-Face himself when it came to prosecuting unlicensed dentists; his righteous indignation welled up like the Old Faithful Geyser whenever an advertiser was mentioned.

This stern paragon of professional virtue had everybody so convinced on the subject of his own incorruptibility that no one thought of looking up his

antecedents until he tried to put a young fellow, from down South, out of business.

Our Southern friend started a private investigation and discovered that old Gibraltar had overlooked the slight detail of graduating himself and had for many years practiced on his brother's diploma. Moral Number One: Sometimes "His brother's keeper" practices on his brother's diploma. Moral Number Two: It does not pay to use a diploma or a license that does not belong to you. Moral Number Three: Always report suspicious cases to your state board, not in the spirit of doing somebody harm but for the protection of the public and of your profession.

Every illegal practitioner is a detriment to the people with whom he comes in contact, both lay and professional.

Swallows

THERE was a time when "The swallows homeward fly" was the classic, now it reads "When the swallows downward fly."

Out in Hollywood a certain dentist had in his family one who was in the habit of taking milk of magnesia regularly. She didn't care much for the decorative effect of the blue bottle, so she poured the milk of magnesia into a large glass and placed it in the refrigerator.

Husband was very fond of cream and had been known to slip around to the ice-box and drink the cream so that wifey had to serve the berries dry at breakfast.

After a recent dental meeting, the doctor had a yearning for cream. He tip-toed into the kitchen as soon as he reached home, feeling certain that she was asleep. She suspected him and kept one ear open. Just as hubby had secured the large glass of

thick white fluid, he heard her coming. Prohibition had taught him to be quick on the swallow.

The next morning there was plenty of cream for breakfast but the entire day's appointments for one dental office had to be cancelled. Moral: possibly if you knew what was in the glass you wouldn't drink it.

The Stomatologist is a Dentist

LONG before the present-day society of stomatologists began broadcasting their ideas, the editor of ORAL HYGIENE was Professor of Stomatology in a medical college and taught the necessity of co-operation between the physician and the dentist.

My views then expressed have not changed. There is one human body for every person and the diseases and deficiencies of that body are vital to the welfare of that person. You cannot consider any part of the human economy without thought for the welfare of the whole organism. Whenever we consider the body as a unit, we are practicing medicine.

Today's dental course is a better medical course than the medical schools gave in earlier years.

Whether medicine and dentistry eventually unite under one degree is a question that will not be settled by us. The pressure of economics will settle that. The day is rapidly approaching when there will be an educational revolution. Education today is a hopeless mess. When the dust settles dentistry will still be on the job and—let us hope—more successfully on the job than ever.

Coming

Further chapters from Dr. Kells' unpublished book: "The Importance of Balanced Occlusion," by Jos. A. Streker, D.M.D.; "A Personal Experience," by John Bell Williams, D.D.S.; further articles on "Investment Pitfalls," by Frank W. Brock; "Hypnetism as an Anesthetic," by L. A. Hawkes, D.D.S.

Billy Giffen

Dr. William A. Giffen, the lovable friend of all dentists and probably the most popular President that the American Dental Association ever had, passed away on July 2nd at his home in Detroit.

Dr. Giffen had a lion's share of personality. Everybody liked him. He never resorted to "bluff."

Dr. Giffen was not very scientific, he was better than that; he was marvelously skillful and he produced results.

Dr. Giffen was not an orator, he was better than an orator; he spoke from the heart out, convincingly, with friendly simplicity, and with the courage of understanding.

In Detroit no gathering of dentists for many years has been complete without Billy Giffen and in the Michigan state meeting he was the unofficial center.

The American Dental Association will seem incomplete without him but his cheerful memory will last and when dentists get together for a friendly session the happy spirit of Billy Giffen will be there. —R.P.M.

Ask ORAL HYGIENE

CONDUCTED BY
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DENVER, COLO.

Please communicate directly with the Department Editors. Please enclose postage. Questions and answers of general interest will be published.

Dry Socket

Q.—Have you any data that would throw light on the pathology, organisms—usually present—cause and treatment of so-called dry socket?

Thanking you very much, I am —J.E.M.

A.—Dr. Weston A. Price treats quite exhaustively of Dry Sockets in his book, "Dental Infections, Oral and Systemic."

The organisms found in a dry socket are apt to be the whole list of organisms generally present in the mouth. Dry socket usually occurs in cases where the roots were surrounded by an area of condensing osteitis—bone with low vitality and lacking vascularity. Where there is free bleeding into the socket resulting in the filling of same with a normal blood clot, it is indeed rare that a dry socket follows.

The most effective treatment that I know of for painful infectious dry sockets consists of filling the socket with a loosely fitting pack of sedative cement mixed very stiff with cotton incorporated. We find that insertion of this material into a dry socket usually results in almost instant relief. Such a pack may frequently be left in from three or four days to a week during which time normal granulation will commence and progress gradually forcing the cement cone out of the socket.—V. C. Smedley.

Post-Operative Pain

Q.—In your last publication* you have an article on Post-Operative Pain. Would you please answer the following questions?

1. Could you use this sedative after every extraction?

2. Is there another name for Eugenic Acid?

3. Give other name for Eugenic Acid.—M.E.M.

A.—Replying to your questions of the 13th instant.

First—You could, but I would not consider it advisable, for there is nothing better in an extracted tooth socket as a rule than a normal blood clot. It is only when the blood clot has broken down leaving a painful dry or suppurative socket that the sedative cement pack is particularly indicated and where

*ORAL HYGIENE, March 1929, p. 551.

your patient will bless you and you *if* after you have used it.

However, in those cases described by Dr. Weston A. Price as predisposed or most likely to develop dry socket (that is, in all cases where the x-ray shows an area of condensing ostosis surrounding a root); it is a very wise procedure to place a sedative pack at time of extraction.

In placing these packs, it should be borne in mind that this material sets fairly hard and therefore it should not be packed into undercuts in the bone or into divergent roots. Also the largest diameter of the cone shaped pack should be at or just outside the gum line, to avoid any difficulty of removal. We take great satisfaction in the use of this material also for the protection of sensitive dentine and for capping pulps.

Answering your second and third questions: this formula as published is as Dr. R. J. Gardinier gave it to me a number of years ago. He was a skilled pharmacist before he became a dentist some fifty or sixty years ago, and I understand that eugenic acid is the old name for the distillation from, and active principal of oil of cloves which is now ordinarily called eugenol.—V. C. Smedley.

Musicians' Dentures

Q.—Have had a little experience with edentulous wind instrument players which might be of service to Dr. R. E. S. as well as his patient.

1. The most unique case was that of a trumpet player in a small town band who has never learned to play with his "imitation teeth" (as he called them) but played with his mouth-piece resting directly upon his gums.

2. Another case of a musician with full upper and lower who was forced to place small blocks of soft rubber about ¼" square in the region of his bicuspids and close upon them tightly to keep the upper from dropping.

3. Knew of one trumpet player who played with his teeth tight together. While this is not the usual method he was very successful with it.

4. Have known others who needed no artificial means of stability to keep their plates in place. It all depends upon the condition of the mouth for retention of the plate and the technique developed by the musician. Should the trumpet player have a thin, hard upper lip and fairly good retention in his upper he will evidence no trouble keeping his plate in place, as the professional trumpet player uses little or no pressure against his teeth in playing and what little pressure is used is against the upper where the best retention is. The periphery on the labial should be extended as far as possible.

* * *

Is there any method for removing silver nitrate stains from a white enameled wash basin? I have tried Na Cl without success.—J.H.C.

A.—Thanks very much for the information from your experience with dentures for wind instrument players. We will have your letter published in an early issue of ORAL HYGIENE, and I trust you will favor us with other contributions from time to time.

In answer to your question—saturate the silver nitrate stains with iodine followed in a little while with concentrated ammonia. —V. C. Smedley.

Q.—I would be pleased to have you give me a bit of information concerning the following: Two years ago I extracted the remaining teeth for a man (some 13 or 14) all showing evidence of pyorrhea. I made vulcanite dentures for him in five weeks and reset them again in one year and at that time noted the usual amount of absorption that had taken place on lower ridge

—at the expiration of another he again presents himself and on examination I find lower ridge practically flat. He has worn both plates with comfort and fair service; of course there has been much annoyance caused by lack of support of lower plate. The patient is about 50 years of age and has been a chronic diabetic for years. I wondered if his systemic condition could have any bearing on the oral condition or could be connected up in any way with the seeming abnormal condition of lower ridge. I will appreciate any information you may give me.—C.R.L.

A.—It is possible that if you had extracted these teeth surgically—that is, laid the gum back after the removal of the teeth and trimmed the process back to firm healthy process of sufficient thickness to support circulation, you might have avoided this excessive absorption. Would suggest that even now you x-ray the jaw, and if a thin ragged ledge of bone is disclosed, open it up and smooth this source of irritation and osteoclast stimulation back to a smooth healthy base, and you may prevent radical further resorption.

Undoubtedly the state of this man's general health has had considerable to do with the continuance of this abnormal resorptive process.—V. C. Smedley.

X-Ray Suggestion

Due to some of the developing and fixing solution dropping into the water of my x-ray developing tank, my films came out with silver spots all over them, practically obscuring vision and interpretation of the film. As I was in a hurry and did not have time to change the water, I tried washing the film with soap and water, with the result that the film became as clear as one would wish, all spots disappearing. I pass this information along in the hope that this will help a brother practitioner by being printed in "Ask ORAL HYGIENE" corner.—B.B.

A.—Your contribution to "Ask ORAL HYGIENE" is at hand and appreciated, and I trust that you will submit other thoughts from time to time as they occur to you.—V. C. Smedley.

Concerning Cysts

Q.—What is your procedure as to cysts? Technique and manner of operation.

What instruments, etc.? After treatment?—J.G.K.

A.—Would suggest that you study up on cysts in a good book on oral surgery, such as Brophy's or Silverman's. The technic, as I understand it consists briefly of first being supplied with good comprehensive x-rays. Then, after anesthesia, laying back ample gum flaps for free access; careful removal of entire sack of the cyst; freshening the surface of the bony wall of same and suturing back the gum flaps with, of course, the careful maintenance of proper asepsis throughout.—V. C. Smedley.

Broken Root File

Q.—Reading in the March edition of ORAL HYGIENE* question of W.G.G. regarding a broken root file in a lower lateral:

Dialyzed Iron—in the root on a little cotton and sealed in—changed every other day for a few times will crumble the metal so it can be flooded out or broken off with a fine broach and blown out with a chip blower.

This method of course removes broken broaches much easier.

None of us are so skilled that we don't have those accidents occasionally.—G.B.H.

A.—Please accept our thanks for your contribution of the 13th inst.; we will send this in for publication.—G. R. Warner.

*ORAL HYGIENE, March 1929, p. 554.

Removing Modeling Compound

Q.—Will you please inform me how to easily remove modeling compound which has been attached (seared) to a vulcanite denture as impression material for relining?—E.L.W.

A.—If the vulcanite surface has not been freshened and roughened before application of the compound, it is usually a simple matter to chip the compound off when it is cold and brittle.

Where it is seared onto a roughened surface the bulk of it can be quickly scraped off when it is warm enough to be plastic. The balance may be ground off with a coarse vulcanite stone or wiped or dissolved off with chloroform.—V. C. Smedley.

Appointment Notices

Q.—Sort of a foolish and non-technical question but I was just wondering if you could advise me as to a good printed form which I could send out to patients notifying them that some time has elapsed and that they should present themselves for an oral examination and prophylaxis.

Thanking you for any assistance.—R.I.S.

A.—Sending a printed form to patients to remind or notify them that a certain time had elapsed since their last treatment or examination, would have to be prefaced by an agreement on the part of the patient that they wished such a notice. The writer started this plan in his own practice about twenty years ago and he brought it about by telling each patient of the advantage to the patient of periodical examinations and prophylaxis treatments. If the patient was convinced of the soundness of the argument and requested that he be notified in three, four, or six months, his name was put in a file for each day in the year. Then when it was time for him to be called a card was mailed to him upon which was printed: "In accordance with your request and our agreement an appointment card is enclosed reserving time for prophylaxis examination. If, for any reason, this appointment does not meet with your approval kindly notify this office at once when another appointment will be given you if you wish."

This plan was quite satisfactory but we now use the plan of giving the patient an appointment card for the next appointment when the present one is completed. If the next appointment is one week, one month or six months distant we volunteer to remind them of the appointment from one day to one week in advance of the appointment. This works satisfactorily with most people, although some people do not wish a card but ask to be called at the expiration of a certain time.

Some plan of having a patient come to the office at stated intervals is a boon to both patient and dentist. It preserves the patient's teeth and oral health and conserves the dentist's time.—G. R. Warner.

Fractured Jaw Case

Q.—A truck driver, age 35, was struck squarely on the tip of the nose by the crank on a dump-truck, with the weight of a ton of coal behind it.

The nose was broken, upper lip cut clear through, and maxilla broken from the tip of nose through the center of palate.

Break started from tip of the nose again, extended through the antrum and through the post-dental canals. I have illustrated the double fracture as well as possible by enclosed drawings.

The teeth on this side were protruded bucally. I wired them to proper position, to the lower teeth. Now, after six weeks, the teeth are

in proper occlusion, no pain, but there is a swelling under the eye. Antrum is wide open, which I swab every day. It shows no signs of closing. The gum tissue has not grown down to cover the buccal roots so it is obvious that these will have to be extracted.

Doctor, will you please "dissect" this information and tell me where I have made mistakes in procedure and what to do now in regard to the antrum and extraction of teeth. I will appreciate your opinion very much.

I would have sent him to a specialist in the first place of course, except that he was confined to the hospital and I had to do the best possible.—L.R.McL.

A.—Replying to your favor regarding fractured jaw case. As far as I can judge, you have handled this case very well so far. It was certainly the correct thing to wire the teeth into correct occlusion with the lowers. I would be inclined to think that it may be necessary to call on an oral surgeon for help in getting the antrum closed. If the apices of the buccal roots are exposed they are of course putrescent and it would, therefore, be necessary to extract them before the antrum could be closed.

If extraction is necessary it should be done surgically with extreme care not to refracture the maxilla. The opening into the antrum may be closed by first removing any exposed or necrotic bone, then freshening the edges of the orifice detaching a section of healthy gum tissue adjoining and suturing it to place closing the orifice.

If there is still infection in the antrum, which there is very apt to be as long as it remains open to the oral cavity the antrum should be opened, drained and irrigated through the nasal cavity by an oral surgeon until it is clear.

Hope that these few ideas may reach you in time to be of some benefit.—V. C. Smedley.

Arthritis

Q.—My troubles are similar to H.D.W. case of Arthritis in May 1928 ORAL HYGIENE.* Would like to know up to date treatment and what has been accomplished in this very difficult case either from you or direct communication with the dentist himself. If you give me his address I will write to him.—A.B.P.

A.—Having heard nothing further from our correspondent H.D.W., I cannot tell you the present condition of the case of arthritis about which he wrote. However, I will write to him at once and put him in communication with you.

There is very little to be added to what I said in my reply, except to go more into detail in regard to the matter of intestinal resorption and proper food balance. Physicians now feel that the intestinal tract is responsible for a higher percentage of arthritis than was formerly thought to be the case. Therefore, a greater effort is being made to change the intestinal flora to as near ideal as possible, and then to keep it in that ideal position by the proper combinations of food. The Battle Creek people claim a great deal for Lacto-dextrin as a means for bringing about a normal condition in the intestinal flora, and they also have a very definite idea about diet to keep the intestinal tract in this very desirable condition. Locally physiotherapy is being used and probably is helpful, but as this does not get at the cause it could be only palliative.

Trust that you will be able to clear up the case by going into the various things suggested.—G. R. Warner.

History of Anesthetics

Q.—Could you tell me where one can get a concise account of the history of anesthetics, more espe-

*ORAL HYGIENE, May 1928, p. 887.

cially as regards those discovered and first used by dentists. Also where can I get data with reference to the ethical and non-ethical practice of dentistry?—J.S.C.

A.—The following is a list of articles and books which will answer your question in relation to the history of anesthesia:

History of Anesthesia—*Practical Dental Journal,* April 1923. Jean L. Martin.

The Story of Anesthesia—*American Dental Journal* 1912-13, James McManns.

The Discovery of Anesthesia, *British Journal of Dental Science,* 1912, p. 312-314, by W. Buxton.

The Discovery of Anesthesia, *Dispensary Record,* 1912, p. 164-166. Frederick J. Haskins.

History of Anesthesia — G. T. Bettany.

History of Discovery of Modern Anesthesia—Henry J. Bigelow.

History of Anesthesia — Roswell Park.

Discovery of Anesthesia—Henry S. Williams.

History of Anesthesia — Francis Randolph Packard.

The California State Dental Association can furnish you its code of ethics.

I would suggest however, that you make application for membership in your nearest local dental society, when you will be furnished with the code of ethics which is essentially the same in every dental society.

In becoming a member of your nearest dental society you will become a member of the American Dental Association, a society to which every earnest, conscientious dentist should wish to belong.—G. R. Warner.

Sensitive Palate

Q.—I have been in practice but a short time and have run across a case that makes one old before his time. I made a full upper denture for a patient, using a combination of beeswax and plaster for the impression. The patient warned me that he gagged easily, but I went at the case, notwithstanding.

When the case was finished the retention was good and the bite satisfactory. Normally that would have been a satisfactory case but that was where the trouble began. The patient "gagged" badly and when he sat in the chair wearing it (the denture not the chair) he made me think of a tourist sitting at the edge of the crater of Vesuvius waiting for an eruption. I relieved the bony median ridge of the hard plate and cut the plate down to the junction of the hard and soft palates, and asked him to wear it home. He returned next day and told me he had fixed it in a number of times with the same results. I cut back further on the plate to just within the line of irritation. He now wears the denture comfortably but of course there is no retention.

I am sure he tries to co-operate with me, but the sensation of choking was too much for him. He claims his mother had a similar occurrence, and never could wear dentures, although she had a number of them made.

Could you please help me, if possible, as the patient has done a great deal and I am sure will co-operate further.—J.R.M.

A.—In regard to your difficulty with the gagging patient, I would suggest that you make him another denture or extend this one to the correct distal periphery at the junction of the hard and soft palate and post dam it with a little more compression than you would ordinarily.

Gagging is usually relieved by a constant firm contact across the palate. It is the make and break of contact as the palate flexes that is most apt to occasion persistent gagging.

I think you started trimming the well fitting plate you had too soon, if it did fit up as close as might be across the palate. Such a patient

sometimes has to put up a long hard fight to conquer this tendency. A few dry tea leaves placed above the buccal plate margins will frequently relieve gagging as the tannin gradually soaks out of the tea and seeps back under the plate.

The most persistent gagger that I have known of broke himself of the tendency by persistently tickling his palate with a feather until it was no longer hypersensitive. You could not get every patient to do this with sufficient persistence, but it will do the work.—V. C. Smedley.

International

"Perfect Teeth"

Antoinette Galardo, 13, Cincinnati school girl, is shown displaying her "Absolutely Perfect Teeth" after they were announced as such by a board of dental examiners.

"Dear Oral Hygiene—"

READERS *of the magazine take their* PENS IN HAND

Seeing Through Him

Working in an office as dental assistant this bit of humor struck me:

One ought to characterize an important man having an x-ray taken for the first time. He sits down in the chair specified, leans back and crosses his legs nonchalantly. But to have an x-ray taken one must sit upright so Doctor says: "Sit up straight." He does so and a little of that poise is shaken. Then another order: "Both feet flat on the ground." Can't even keep his legs crossed. Now he feels like a little boy at school. Then the film is inserted in the mouth and the important man, turned into one of us mortals, follows the rest of the directions obediently. — CHARLES I. SIEGEL, D.D.S., *Middle Village, L. I.*

"Your Teeth" Series

In the latest issue of Bosworth's *Dental Economics,* the statement was made that it would be possible to arrange through the editor of ORAL HYGIENE and the local newspaper, to have a series of articles on dentistry printed in the paper each week.

I am very much interested, and will appreciate any information you may give me as to the method of procedure.

The local editor is willing to cooperate. — J. D. JONES, D.D.S., *Clovis, New Mexico.*

Jessie Oliver

This is an epistle I have been threatening to write to you for some time, in reference, mainly, to your editorial comment in December '28, ORAL HYGIENE, entitled "Mrs. Oliver."

That was a beautiful tribute, Dr. McGee, and I want to thank you for it, as Mrs. Oliver was a dear friend of the Long family, and with you, our sympathy goes out to both Col. Robert and Robert, Jr., whom we have known for years.

Having been a member of the original Army Dental Corps (30 contract dental surgeons) and one whose first assignment to duty was on foreign service, i. e., Philippine Islands, I was on duty with Bob Oliver at the First Reserve Hospital in Manila for three years, during which time Mrs. Oliver was with him.

Also during this period the members of our Corps stationed in the Philippines learned to know and to love Mrs. Oliver, and to look upon her, as you have so aptly expressed it, as the "Mother of the Dental Corps."

Your conception of the trials and the uncertain status of our Corps in those early days, was well put when you referred to "The women of dentistry who were military people to the civil population, and civilians to the military."

By the same token our men of dentistry enjoyed (?) the same status, if you know what I mean,

and it was in those days that Jessie Oliver especially lightened our burdens by her expressed solicitude for us and encouragement in the hope of the dawning of a brighter day for our Corps.

They do say that the first hundred years are the hardest. Be that as it may, *in re* the Army Dental Corps, I can speak advisedly from experience, of only ten years, and the first ten at that, for during that time, I was a member of that Corps, but I venture to say that to most of our members, it seemed nigh onto a hundred years until our commissions came and I feel that it was only the influence of our Jessie Olivers that kept our Corps together during those years.

And now I come to the subject of that big little periodical known as ORAL HYGIENE, which I have an inkling is the hobby of one Rea Proctor McGee. I will not dwell on the editorials he used to write, in almost every issue, on the dental laws of a certain Western State; in any event there was something mighty pleasant and refreshing about them.

Well, I reckon that will be about all for this session. A hopin' I haven't worn out your patience with this lengthy narrative, I remain, as heretofore, a booster for ORAL HYGIENE. Amen. — CHARLES J. LONG, D.D.S., *Rock Island, Ill.*

Thanks!

Enclosed find check for $1.00 to cover cost of the collection letters portfolio, as advertised in April ORAL HYGIENE.

You sure deserve a great deal of credit for all the good things you publish in ORAL HYGIENE, and I enjoy every issue.

It is one of the most interesting of the dental publications and may you keep the good work up.

Thanking you in advance for the collection letter portfolio, I remain, —L. A. WILKENS, D.D.S., *Wabash, Ind.*

Reciprocity

From ages back, when the mind of Neolithic man dwelled in a recess of darkness, down through the years to that of modern civilization, man has balanced his progress upon a path edged to cut his tread. With bleeding feet and painful heart, his progress was slow, monotonous, and often seemed a hopeless task, but, thanks to our Creator, fate has better things in store for us, and slowly uphill, changes come. The inevitable must be.

And so the inevitable shall be, for there will come to pass a time when selfishness shall rule no more amongst men; when all humanity shall clasp hands in friendship, and there will be one law, and there will be one right.

The dental profession, in the great cosmic scheme of things, may be likened to a grain of sand upon the immensities of ocean beds; and yet ocean beds 'twould not be, but for the grain of sand 'neath the sea. And so a great right is built from smaller rights, a great wrong from many wrongs.

A great wrong has come to pass in this nation of ours, and that is an imaginary boundary line that dissects our land into many segments. Imaginary as it may seem to many American citizens, it becomes a huge wall of reality to our professional members; a well impenetrable at times to its sick and needy; a monstrosity grown out of clannish impulses.

Let there be one law, let there be one right, for there is one people. Let State Boards function as at present, but let them issue a license as broad as the land, and as uniform as a perfect sphere.

Friends of honorable professions, are there no men amongst you who would rectify a wrong; who would place shoulder to shoulder and push as one body, thereby eliminating a motley and sordid system of laws, whereby we have our citizenship fenced in by a state boundary line? In the name of righteousness,

and if only for the benefit of posterity, let us work for one end.—LOUIS R. SIEGEL, S.L.B., D.D.S., *2035 Pittsfield Bldg., Chicago, Ill.*

Dental Moving Pictures

I am writing to you to find out what your opinion is on educating the public on the cause and effect of focal infection through moving pictures.

It appears to me that the best way to awake the public, who mostly are mentally dead, to the necessity of preventive dentistry and periodical examination, also to the cause and effect of focal infection of the mouth would be through moving pictures, showing the progress of ill health in activity.

What I mean is to put anatomy, physiology, pathology and bacteriology on the screen.

In this way it appears to me we could educate the most people in the quickest way and the simplest way. I do not believe that people would hold back from spending money on their health if we could show them the realities of the progress of ill health on the screen in activity. The reason most people pay such little attention to reading health literature is the subjects are too dry and deep for them. A moving picture would help carry clearly to the public mind the true view of the subject of focal infection and the biological view and they could see cause and effect in activity before their eyes.

We could show them that there were two forces in life, both in activity, one the constructive and the other destructive; one friendly and the other warlike, and these opposing each other in activity.

What I have in mind is first show in a picture the normal then the abnormal structures both in activity, first showing the gross anatomy of the entire arterial, venous and nervous systems, showing the whole human form of a man with these in colors in motion. Then if we wanted to trace a focal infection from an abscessed tooth we could isolate the specific arteries and veins to special organ depending upon which organ we wish to trace it to.

First show the bacteria in motion actively, as we would see them alive under microscope, of course, it would have to be enlarged at times to show the abscessed sac at apex of tooth. Then show the toxin entering the blood stream traveling out to organs or joints, depending upon what organ is least resistant to the specific toxin, then show the toxin entering the cells of organ—for example the kidney. Show change of structure, then change of function caused by the toxin of the focal infection. Then show another scene of the foci going to the brain cells changing chemistry or structure and the resulting change of function, depressed thought and feebleminded-ness.

A good example to show for comparison of how the toxin depresses thought: we could use alcohol as an example. Show a man taking a drink of alcohol, show the alcohol entering the blood stream by absorbing through the walls of the stomach, then show it hitting straight to the brain and the result in depression of thought according to the amount taken.

All these scenes should be in different colors, say yellow for pus, the focal infection (and it is the same color no matter where we see it) then blue for veins, red for arteries.

The idea of the moving picture would be better than charts to educate the public as they could see realities going on in activity as have been discovered by science. The whole solution of educating the public is to put anatomy, physiology, pathology and bacteriology on the screen in motion. This will resurrect the living dead, the mentally dead, those who are dead to

the thought of focal infection and its effects.

This idea is enlarging the camera beyond the scope of human eye but I believe it can be done with enough money behind it. An expert artist could paint every step and this could be reproduced with the camera.

A picture of this kind would be the method of stimulating thought as it is in motion and even the children would understand.

Every dentist would be busy and we would need more dentists for we would be advertising the truth.

I will be glad to hear from you on this subject.—Dr. E. T. Koonce, *Kinston, N. C.*

[You have a gorgeous idea that could be worked out for approximately a million and a half of dollars—not half-dollars—whole ones. The "King of Kings" cost about that much and it was easy compared to your suggestion. However, I must say your thought is good even if expensive. — *Editor* Oral Hygiene.]

A Golf Invitation

I get so many helpful suggestions from Oral Hygiene that I want to express my appreciation for them. I am sure we can all help each other so much from the little hints and the wonder is more dentists do not take advantage of the opportunity to send them in to the Editor.

I notice so many complain of poor collections, slow pay and dead beats. I have adopted this plan—when a patient requests time for work (dental) I have them sign a check dated (now) which will be presented at a time set by the patient. Then as I do not keep a set of books a settlement must be made when work is completed. Have been using this plan for over a year and have never had a check come back. There is no dispute over accounts or the price as they never forget that check. I sometimes have so many as a dozen checks on hand at a time; they are much better to look at than a book account.

I have often wondered how many cities have a class of dentists who set apart one day for playing golf. All dentists here play each Thursday. They are good fellows and I want to say to you it is real enjoyment, it takes off the surplus flesh and fits you for the daily grind. Would like to hear from some of you in these parts. We can arrange to meet you and enjoy the game together and while we have nothing stronger to drink than water, I can assure you we have plenty of that and the best in the West. Come and try it.—J. G. Grindle, D.D.S., *Seneca, Kansas.*

Mr. Brock Will Gladly Help You

I have read the articles in Oral Hygiene by Frank W. Brock and have enjoyed them immensely. The average dentist knows very little about investments and the advice in your magazine will prove very beneficial to a lot of dentists who have listened to the silver tongued salesmen who are daily selling us worthless stocks.

If you would be kind enough to mail the enclosed letter to Mr. Brock, I would consider it a great favor.—Dr. L. Howard Katz, *Mamoroneck, N. Y.*

Read on Arrival

Yours is the only magazine which is read the day it arrives, so please change my address to Ambridge Theatre Building, Ambridge, Pa., from McKees Rocks, Pa.

In the December 1925 issue an article appeared on Industrial Dental Clinics—can you tell me in what other issues like articles were printed? — Albert Levy, D.D.S., *Ambridge, Pa.*

Some X-Ray Suggestions

By C. B. Suter, D. D. S.

Rochester, N. Y.

IF you can see through a stone wall this will not interest you.

So much has been said about the x-ray and its relation to dentistry that a great percentage of dentists have x-ray machines. We use them and feel that good dentistry could hardly be carried on without radiographs, but we do not take one fourth enough x-rays.

When making a diagnosis, if you have a full set of radiographs of your patient to guide you, you are taking the first step to protect his health and to do your work in the "light" of scientific dentistry.

Can you safely say that any tooth should be filled, extracted or operated upon without first radiographing?

In a large majority of cases x-ray pictures themselves answer the question. How do you know what conditions exist in the hidden two-thirds of any tooth?

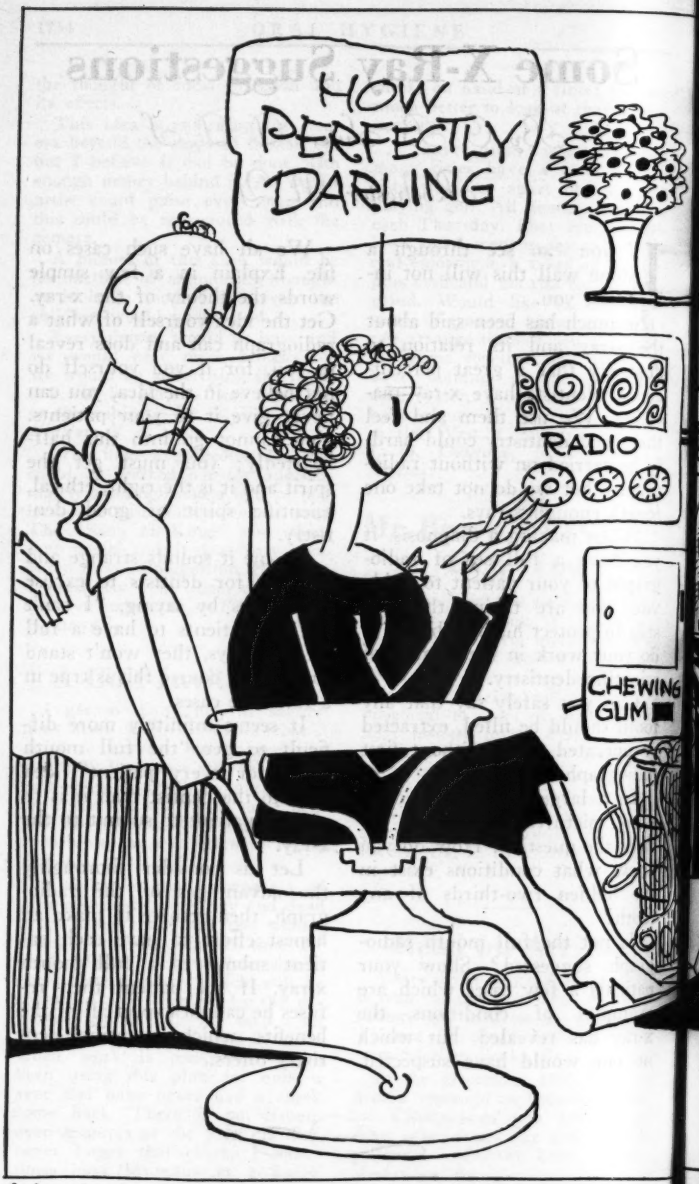
Is not the full mouth radiograph suggested? Show your patients a few cases which are examples of conditions the x-ray has revealed, but which no one would have suspected.

We all have such cases on file. Explain in a few simple words the theory of the x-ray. Get the idea yourself of what a radiograph can and does reveal to you, for if you yourself do not believe in the idea, you can never give it to your patients. You cannot go into this half-heartedly; you must get the spirit and it is the right, ethical, scientific spirit of good dentistry.

To me it sounds strange and peculiar for dentists to excuse themselves by saying, "I can't get my patients to have a full set of x-rays, they won't stand for it." Of course this is true in a few rare cases.

It seems infinitely more difficult to get "the full mouth x-ray for every patient" idea over to the dentist than it is to get the patient to submit to the x-ray.

Let us consider thoroughly the advantages of the radiograph, then resolve to make an honest effort to have each patient submit to a full mouth x-ray. If the patient then refuses he cannot expect all of the benefits which scientific dentistry offers.



A dental unit as the patient would like to see it.

Drawn for ORAL HYGIENE *by Don Herold*

Laffodontia

If you have a story that appeals to you as funny, send it in to the editor. He *may* print it—but he won't send it back.

Oh, Lord, help me keep my nose out of other people's business. Amen.

He: "Are they happily married?"

She: "They should be. He's a traveling salesman and she's on a vaudeville tour."

An Aberdeen merchant at the close of his financial year called his staff together. "Weel, men," he said, "we've had a splendid year and I'm going to divide £100 between you, and I've written out three cheques, one for Mr. McGregor for £40; one for Mr. Grant for £35; and one for Mr. Gordon for £25. I congratulate you all on the way you have worked, and if you do as well during the next 12 months—I'll sign the cheques."

He came home and found his wife sewing on a tiny garment.

"My dear, my dear," he cried.

"Don't be silly," she replied, "This is my new dinner gown."

"What's your girl like?"

"Oh, she's got hair like hemp rope; legs like a silk hosiery ad, a walk like Helen of Troy, a face only a mother could love, and a kiss that makes your tongue think it's on a four-year world cruise."

"What's the matter with your wife? She's all broken up lately."

"She got a terrible jar!"

"What has happened?"

"Why, she was assisting at a rummage sale, took off her new hat and somebody sold it for thirty-five cents."

Teacher: "Now, Mollie, can you tell me the name of a well known creature that supplies us with food and clothing?"

Mollie (thoughtfully): "My dad."

"Would you marry for money?" said the sweet young thing to her girl friend.

"Well, I don't know about it," was the reply, "but I just have a hankering hope that Cupid shoots me with a Pierce-Arrow."

She (sarcastically): "I guess maybe you prefer the other type of woman who doesn't talk so much."

He: "What other type?"

It was along a beautiful stretch of highway and the telephone line along the way was in the hands of repairmen. She was driving and cooing, when of a sudden she spied the men climbing the poles.

"Elmer, just look at those fools," she exclaimed, "do they think I never drove a car before?"

A New York sculptress excels in carving horses out of cheese. Her horses can be melted into welsh rarebits, later emerging as nightmares.

A stranger nudged us in the ribs at the picture show the other night. "Say," he whispered, "I guess my life has been wasted, after all. I've had three wives and I never kissed any of 'em the way that feller's doing it."

"Is it too late?" we murmured endeavoring to register sympathy.

"It is," he returned sadly. "I am troubled with a shortness of breath."